

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Date of Inspection : _____

1. Name(s) of the Fellowship/Certificate Course

Sr. No.	Name of the Fellowship/Certificate Course	Course
01		
02		
03		
04		
05		
06		
07		

(Attach separate List if necessary)

2. Years in which the institution has offered Fellowship/ Certificate course during last 5 years

Sr. No.		Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 20.....			
2	A.Y. 20..... – 20....			
3	A.Y. 20..... – 20....			
4	A.Y. 20..... – 20....			
5	A.Y. 20..... – 20....			

Information to be submitted with respect to newly appointed mentors

**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor**

Title of the Course applied for: -

This to Certify that Dr.....
of
details

A) General Experience

Designation	From	T

B) Actual experience

Designation _____ Year/Months _____

(It is not
of conc

Experience Certificate of each Mentor in the Subject

Sign & Stamp
Head of the Depart
Date : / /

Sign & Stamp
Dean/Principal/Head of Institute
Date: / /

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	