

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	:	
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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. Year of 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..... - 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..... the Department
of per following
details**A) General Experience**

Designation	From	To

B) Actual experience

Designation	Period for :- Year/Months

(It is to be submitted as a separate experience Certificate of each Mentor in the Subject
of concern)Sign & Stamp
Head of the Department
Date : / /Sign & Stamp
Dean/Principal/Head of Institute
Date: / /

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