FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023..-2024...

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

Date of	5			
Inspection				

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

Sr. No.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01	CHC)	1.121	AND STRAIN	in il airmet
02	numity Medicine tinclo	ing Pathology	evadami //	3.1
03	Marine & Child health	, A.	WIN STATE OF INS	2/2/21/2/22
04	ελ эconup	14.,	CANKHING ENTE	122 6/1/23
05	Pedistries Section		MASHWC PAP	12.2 5/12/12
06	Cardiology Section	¥	Johnson M. 1	122 26/4/22
07	Bathhhom		0.0	122 13/6/22

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 20 – 20	H	spital	Reriod
2	A.Y. 20 – 20	n various Departu	ents is as follo	4.81
3	A.Y. 20 – 20	2 7 Sandinger 15 ja	N.A.	continuisory -
	A.Y. 20 – 20			
	A.Y. 20 – 20			



Professional Teaching Experience Certificate for Fellowship/Certificate CoursesDirector/Mentor

This to Certify that Dr	Title of the Course ap	plied for:	a				
Designation From To Total periodYear/Months B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for:- Designation From To Total periodYear/Months (It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course) Sign & Stamp Sign & Stamp Head of the Department Date: / / Name of Inspectors Signature of Inspectors 1) Chairman 2) Member Member	Department offollowing					Centre as per	
B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :- Designation From To Total periodYear/Months (It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course) Sign & Stamp Bean/Principal/Head of Institution Date: / / Name of Inspectors Signature of Inspectors Member Member	A) General Experien	се	/	31 30		Total days	
B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :- Designation From To Total periodYear/Months (It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course) Sign & Stamp Head of the Department Dean/Principal/Head of Institute Date: / / Name of Inspectors Signature of Inspectors 1) Chairman 2) Member 3) Member	Designation	From	То		Total periodYear/Months		
Designation From To Total periodYear/Months W. A.	Extunition time to Depts.		N.A.				
Designation From To Total periodYear/Months W. A.	Constrainty Med	ine (problem Par	mujosta		Marri 1930	Line Office	
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course) Sign & Stamp Head of the Department Date: / / Date: / / Name of Inspectors Signature of Inspectors 1) Chairman 2) Member Member	B) Actual experience	e in the subject of	concerned l	Fellowship/Ce	ertificate Cou	urse applied for :-	
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course) Sign & Stamp Head of the Department Date: / / Name of Inspectors Signature of Inspectors 1) Chairman 2) Member Member	Designation	From	То	Total periodYear/Months			
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course) Sign & Stamp Head of the Department Date: / / Name of Inspectors Signature of Inspectors 1) Chairman 2) Member Member	F Loco talous c	estado Aprenant		r.c. garantes	lear by	5818135	
Sign & Stamp Sign & Stamp Head of the Department Date: / / Name of Inspectors Signature of Inspectors Chairman Member Member	E Endocrinologi	y Section		Holm	Vade 23/	for Histor	
Sign & Stamp Head of the Department Date: / / Name of Inspectors Sign & Stamp Dean/Principal/Head of Institut Date: / / Signature of Inspectors 1) Chairman 2) Member Member						ch Mentor in the	
Head of the Department Date: / / Date: / / Name of Inspectors Signature of Inspectors 1) Chairman 2) Member Member						E/21 23/325	
Head of the Department Date: / / Date: / / Name of Inspectors Signature of Inspectors 1) Chairman 2) Member Member	Sign & Stamp			Sign & Stamp			
Name of Inspectors Chairman Member Member	Office and the facility of the result for the section of the secti			Dean/Principal/Head of Institute			
1) Chairman 2) Member 3) Member	Date: / /				Date: /	61.00	
2) Member 3) Member	Name of Inspectors			sparaneoc	Signature of Inspectors		
3) Member	De the postings of Mr./ Miss. 17.1012			Chairman	cas daring compulsory		
	2)			Member	7		
4) Member	3)			Member			
	4)			Member		Annexare: II	