

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2024-2025.**

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

Date of Inspection	:	
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1.

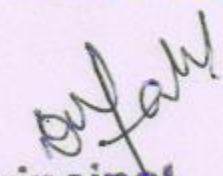
**Name(s) of the Fellowship/Certificate Course(s)**

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01				
02				
03	Not-applicable			
04				
05				
06				
07				

(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....			
2	A.Y. 20..... - 20....			
3	A.Y. 20..... - 20....	Not-applicable		
4	A.Y. 20..... - 20....			
5	A.Y. 20..... - 20....			

  
**Principal**  
 Dhanwantari Ayurved Medical  
 College Udgir Dist.Latur-413517



**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. .... has worked in the  
 Department of ..... Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months
Not-applicable			

**) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

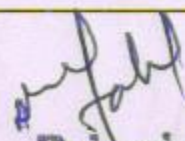
Designation	From	To	Total period Year/Months

(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  
 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	

  
**Principal**  
**Dhanwantari Ayurved Medical**