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

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

Date of Inspection	:	7 8 17

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	Fellowship Course in Microdentistry	2017-18	01	Dr. Pradnya Bansode Dr. Seema Pathak Dr. Madhuri Wavdhane

(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. 2017 – 2018	Fellowship Course in Microdentistry	01	01
2	A.Y. 2018 – 2019	Fellowship Course in Microdentistry	01	01
3	A.Y. 2019 – 2020	Fellowship Course in Microdentistry	01	01
4	A.Y. 2020–2021	Fellowship Course in Microdentistry	01	01.
5	A.Y. 2021 – 2022	Fellowship Course in Microdentistry	10	10
	A.Y. 2022 – 2023	Fellowship Course in Microdentistry	10	10
6	A.Y. 2023– 2024	Fellowship Course in Microdentistry	10	10

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

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

Date of Inspection	:	
	-	

3. 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	Fellowship Course in Oral Implantology	2017-18	01	Dr. Kishor Mahale Dr. Smita Khalikar

(Attach separate List if necessary)

4. 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. 2017 – 2018	Fellowship Course in Oral Implantology	01	01
2	A.Y. 2018 – 2019	Fellowship Course in in Oral Implantology	01	01.
3	A.Y. 2019 – 2020	Fellowship Course in in Oral Implantology	01	01
4	A.Y. 2020– 2021	Fellowship Course in in Oral Implantology	01	01
5	A.Y. 2021 – 2022	Fellowship Course in in Oral Implantology	01	01
	A.Y. 2022 – 2023	Fellowship Course in in Oral Implantology	01	01
6	A.Y. 2023–2024	Fellowship Course in in Oral Implantology	01	01

Information to be submitted with respect to newly appointed mentors

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

inis to Certify that D	r		*****	has worked in the Departr
of		······		Training Centre as per follow
details				
A) General Experien	ice			
Designation	From	To		Total periodYear/Months
				=
				rtificate Course applied for :-
Designation	From	To		Total periodYear/Months
t is mandatory to atta f concerned Fellowshi	ach self-attested Pho ip/Certificate Course	otocopy of the Expe	rience Cer	tificate of each Mentor in the Subje
f concerned Fellowshi	ach self-attested Pho ip/Certificate Course	otocopy of the Expe	rience Cer	tificate of each Mentor in the Subje
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f concerned Fellowshi ign & Stamp ead of the Departm	ip/Certificate Course	otocopy of the Expe		Sign & Stamp
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ign & Stamp lead of the Departm Date: / /	ip/Certificate Course	e)		Sign & Stamp Dean/Principal/Head of Institute ovi, Denial College & Hospital, Chhairapati Sambhajinagar
of concerned Fellowshi Sign & Stamp Head of the Departm Date: / /	ip/Certificate Course	ors [;]		Sign & Stamp Dean/Principal/Head of Institute over benial College & Hospital,

3)

4)

Member

Member

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:- ...IMPLANTOLOGY....

ofdetails	C		=	Training Centre as per followi
C) General Experien	ce			
Designation	From	То		Total periodYear/Months
	est af	Į.		
) Actual experience	e in the subject o	f concerned Fel	owship/Co	ertificate Course applied for :-
Designation	From	To		Total periodYear/Months
U- 17-				
t is mandatory to atta f concerned Fellowshi	p/Certificate Course	otocopy of the Ex	perience Ce	ertificate of each Mentor in the Subject
ign & Stamp				Sign & Stamp
lead of the Departm	ent			Dean/Principal/Head of Institute
Date: / /				Pate noted College
vate. / /				Chhatrapati Sambhailinegar
ŭ,	lame of Inspect	tors		Chhatrapati Sambhajinagar Signature of Inspectors
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