

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20²⁵-20²⁶

(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(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 Co-Ordinator 9823182550 |

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


 Dean,
 Govt. Dental College & Hospital,
 Chhatrapati Sambhajinagar

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026.....-

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

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|-----------------------------|--|
| Date of Inspection : | |
|-----------------------------|--|

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 |
|---------|---|---------------------------------------|--|---|
| 1 | Fellowship Course in Micro Dentistry | 2017-18 | 01 | Dr. Pradnya V Bansode Course coordinator 8308263792 |
| 2 | Fellowship Course in Micro Dentistry | 2018-19 | 01 | Dr. Pradnya V Bansode Course coordinator 8308263792 |
| 3 | Fellowship Course in Micro Dentistry | 2019-26 | 10 | Dr. Pradnya V Bansode Course coordinator 8308263792 |

(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. 2019 – 2020 | Fellowship Course in Micro Dentistry | 10 | 10 |
| 2 | A.Y. 2020– 2021 | Fellowship Course in Micro Dentistry | 10 | 10 |
| 3 | A.Y. 2021 – 2022 | Fellowship Course in Micro Dentistry | 10 | 10 |
| 4 | A.Y. 2022 – 2025 | Fellowship Course in Micro Dentistry | 10 | 10 |
| 5 | A.Y. 2025 -2026 | Fellowship Course in Micro Dentistry | 10 | 09 |

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 | |
|-------------|------|----|--------------------------|--|
| | | | | |
| | | | | |

B) 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,
 Govt. Dental College & Hospital
 Chhatrapati Sambhajnagar
 Date: / /

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