

**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	:	


**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				
2				
3				
4				
5				
6				
7				

(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....			
4	A.Y. 20..... - 20....			
5	A.Y. 20..... - 20....			

  
**PRINCIPAL**  
 Ramrao Patil Ayurved Mahavidyalaya  
 & Rugnalaya, Purna (Jn.) Dist. Parbhani

**ANNEXURE- XIV- A**

**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/Principal/Head of Institute

Date:

  
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Name of Inspectors		Sign. of Inspectors	
1)		Chairman	
2)		Member	
3)		Member	
4)		Member	

