

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)


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

Sign & Stamp
 Head of the Department
 Date :

Sign & Stamp
 Dean/Principal/Head of Institute

Date:

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

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....			

Not applicable

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