

ANNEXURE- XIV

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	<u>NA</u>			
02				
03				
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. 2020 – 2021	NA	NA	NA
2	A.Y. 2021.. – 2022	NA	NA	NA
3	A.Y. 2022. – 2023	NA	NA	NA
4	A.Y. 2023. – 2024	NA	NA	NA
5	A.Y. 2024 – 2025	NA	NA	NA



Legal

Principal
Ashtang Ayurved College
2062, Sadashiv Peth, Pune-30

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 periodYear/Months	
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA

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

Designation	From	To	Total periodYear/Months	
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA

(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	



Calgav

Principal
 Ashtang Ayurved College
 2062, Sadashiv Peth, Pune-30