

**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	:	MA
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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				
02				
03		NA		
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. 2021 – 2022	NA	NA	NA
2	A.Y. 2022 – 2023	NA	NA	NA
3	A.Y. 2023 – 2024	NA	NA	NA
4	A.Y. 2024 – 2025	NA	NA	NA
5	A.Y. 2025 – 2026	NA	NA	NA



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**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 period Year/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 period Year/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 **Principal**  
 Dean/Principal Head of Institute  
 Date: **2062 Sadashiv Peth, Pune-30.**

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

