

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023 -2024.**

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

|                           |   |  |
|---------------------------|---|--|
| <b>Date of Inspection</b> | : |  |
|---------------------------|---|--|

**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      | <b>NA</b>                                 |                                       |  |                                    |
| 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. 2019 - 2020 | NA                                      | NA              | NA  |
| 2       | A.Y. 2020 - 2021 | NA                                      | NA              | NA  |
| 3       | A.Y. 2021 - 2022 | NA                                      | NA              | NA  |
| 4       | A.Y. 2022 - 2023 | NA                                      | NA              | NA  |
| 5       | A.Y. 2023 - 2024 | 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  
Dean/Principal of Institute  
Date: *Kalpana*  
**Principal**  
Ashtang Ayurved College  
2062, Sadashiv Peth, Pune-30

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



Sign & Stamp  
*Kalpana*  
**Principal**  
Ashtang Ayurved College  
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