ANNEXURE- XIIa

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)

Not applicable

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
01				
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. 20….. – 20….			
2	A.Y. 20….. – 20….			
3	A.Y. 20….. – 20….			
	A.Y. 20….. – 20….			
	A.Y. 20….. – 20….			

PRINCIPAL
KES, LOKNETE ADV.DATTA PATIL
HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
VENGURLA, MAIN ROAD VENGURLA
DIST - SINDHUDURGA 416516

12/12/23

ANNEXURE- XIIb

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate CoursesDirector/Mentor

Not applicable

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	

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

Designation	From	To	Total periodYear/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 : / /

PRINCIPAL 12/12/23
KES, LOKNETE ADV. DATTA PATIL
HOMEOPATHIC MEDICAL COLLEGE & HOSPITAL
VENGURLA, TALUK ROAD VENGURLA

Sign & Stamp

Dean/Principal/Head of Institute

Date: 12 /12 /23