

## ANNEXURE- XIV

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.23.-20.24...**

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

Date of  
Inspection

:

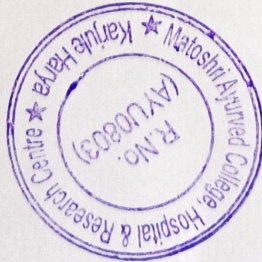
## 1. Name(s) of the Fellowship/Certificate Course(s)

| 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 |
|---------|-------------------------------------------|---------------------------------------|----------------------------------------------|------------------------------------|
| 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.... |                                         |                 |                                           |
| 4       | A.Y. 20..... - 20.... |                                         |                 |                                           |
| 5       | A.Y. 20..... - 20.... |                                         |                 |                                           |



Principal

 Matoshri Ayurved College,  
 Hospital and Research Center,  
 Karjule Harya(Ahmednagar)

**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 |  |
|-------------|------|----|--------------------------|--|
|             |      |    |                          |  |
|             |      |    |                          |  |

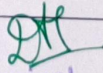
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

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   |                         |



  
**Principal**  
 Matoshri Ayurved College,  
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