

**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	:	
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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 Coordinator and Contact Details
01	Certificate course in Modern Pharmaology	2016-17	50	Dr K.C.Chandaliya Mob-9423149649

(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. 2023– 2024	Certificate course in Modern Pharmaology	50	49
2	A.Y. 2022– 2023	Certificate course in Modern Pharmaology	50	50
3	A.Y. 2021 – 2022	Certificate course in Modern Pharmaology	50	49
4	A.Y. 2020 – 2021	Certificate course in Modern Pharmaology	50	24
5	A.Y. 2019– 2020	Certificate course in Modern Pharmaology	50	31

  
**Dean**  
**Dr. Shankarrao Chavan**  
**Smt. Medical College, Vishnupuri**  
**Nanded. (M.S.) 431608**

# ANNEXURE- VIII-A

## 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

ad of Institute  
Date : / /

Sign & Stamp  
Dean/Principal/He  
Date: / /

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