ANNEXURE- XIV

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2024-2025

(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	Not Applicable			
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....	Not Applicable		
2	A.Y. 20..... - 20....			
3	A.Y. 20..... - 20....			
4	A.Y. 20..... - 20....			
5	A.Y. 20..... - 20....			

Principal,
R.T. Ayurved Mahavidyalaya,
AKOLA

ANNEXURE- XIV- 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 periodYear/Months
Not Applicable			

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

Designation	From	To	Total periodYear/Months
Not Applicable			

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof 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,
R.T. Ayurved Mahavidyalaya,
AKOLA