

## Annexure II (PG)

### 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)

**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
1				
2				
3	<b>Not Applicable</b>			
4				
5				

(Attach separate List if necessary)

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
1				
2				
3	<b>Not Applicable</b>			
4				
5				

**Annexure III(PG)  
For Fellowship Teaching Certificate**

**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 .....

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>Not Applicable</b>			

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

Designation	From	To	Total period Year/Months
<b>Not Applicable</b>			

(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  
Institute  
Date : //

Sign & Stamp  
Dean/Principal/Head of

Date: //

**Name of Visitors**  
Chairman  
  
Member  
  
Member  
  
Member

**Signature of Visitors**