

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023-2024

(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 | Fellowship in Oral Implantology | 2017 | 10 | Dr Jyoti Tembhone 9372947436 Dr C D Dhalkari 9422204639 Dr Easwaran Ramaswami 9930831379 Dr Kavita Wadde 9004799405 |

(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. 2022 – 2023 | Fellowship in Oral Implantology | 10 | 10 |
| 2 | A.Y. 2021 – 2022 | Fellowship in Oral Implantology | 10 | 16 |
| 3 | A.Y. 2020 – 2021 | Fellowship in Oral Implantology | 10 | 10 |
| 4 | A.Y. 2019 – 2020 | Fellowship in Oral Implantology | 10 | 9 |
| 5 | A.Y. 2018 – 2019 | Fellowship in Oral Implantology | 10 | 10 |
| 6 | A.Y. 2017 – 2018 | Fellowship in Oral Implantology | 10 | 7 |

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 Govt. Dental College & Hospital
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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 Mentor and Contact Details |
|---------|---|---------------------------------------|--|---|
| 01 | Fellowship in Geriatric Dentistry | 2020-2021 | 10 | Dr Jyoti Tembhone 9372947436 Dr Arti Gangurde 9987074536 Dr Manish Chauhan 9969122463 Dr Niraja Jaiswal 9769644860 Dr Ravikumar Akulwar 9987762387 |

(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. 2022 – 2023 | Fellowship in Geriatric Dentistry | 10 | 1 |
| 2 | A.Y. 2021 – 2022 | Fellowship in Geriatric Dentistry | 10 | 2 |
| 3 | A.Y. 2020 – 2021 | Fellowship in Geriatric Dentistry | 10 | 1 |
| 4 | A.Y. 20.... – 20.... | | | |
| 5 | A.Y. 20.... – 20... | | | |



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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 Mentor and Contact Details |
|---------|---|---------------------------------------|--|---|
| 01 | Fellowship Course in Microdentistry | 2011 | 10 | Dr. Sayed Abrar 9619942159 & Dr P D Joshi 9820140468 |

(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 | Microdentistry | 10 | 14 |
| 2 | A.Y. 2022 – 2023 | Microdentistry | 10 | 07 |
| 3 | A.Y. 2021 – 2022 | Microdentistry | 10 | 05 |
| 4 | A.Y. 2019 – 2020 | Microdentistry | 10 | 09 |
| 5 | A.Y. 2018 – 2019 | Microdentistry | 10 | 07 |

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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:- **Fellowship in Geriatric Dentistry**

Not applicable since there is no newly appointed mentor.

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
Professor & Head of Department
 Prosthetic Department
 Govt. Dental College & Hospital
 Mumbai 400 001
 Date: / /


 Sign & Stamp
Dean
 Dean/Principal/Head of Institute
 Govt. Dental College & Hospital
 Mumbai 400 001
 Date: / /

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

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: - **Fellowship of Microdentistry**

Not applicable since there is no newly appointed mentor.


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 | |
|-------------|------|----|--------------------------|--|
| | | | | |
| | | | | |

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 Sign & Stamp
 Head of the Department
 Professor & Department
 Date Prosthetic Department
 Govt. D.
 Mumbai 400 001


 Sign & Stamp
 Dean/Principal/Head of Institute
 Govt. Dental College & Hospital
 Date: Mumbai 400 001

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

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:- **Fellowship in Oral Implantology**

Not applicable since there is no newly appointed mentor.

A) General Experience

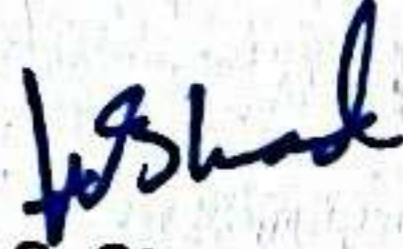
| Designation | From | To | Total period Year/Months | |
|-------------|------|----|--------------------------|--|
| | | | | |
| | | | | |

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
Professor & Head of Department
 Prosthetic Department
 Govt. Dental Hospital
 Mumbai


 Sign & Stamp
Dean
 Govt. Dental College & Hospital
 Mumbai 400 001

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