

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2022-2023**

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

<b>Date of Inspection</b> :	
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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
02				
03				
04				
05				

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

**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)

**DR. ARTI GANGURDE**  
 ASSOCIATE PROFESSOR  
 DEPARTMENT OF PROSTHODONTICS  
 AND CROWN AND BRIDGE  
 DENTAL COLLEGE & HOSPITAL  
 Mumbai 400 001

Sign & Stamp  
 Head of the Department  
 Date: / /

*(Signature)*  
 Dean  
 Govt. Dental College & Hospital  
 Mumbai 400 001

Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date: / /

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