

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)

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 Mentor and Contact Details
01	Fellowship Course in Microdentistry	2009	10	Dr. Sayed Abrar 0937217188
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. 2018 – 2019	Microdentistry	10	7
2	A.Y. 2019 – 2020	Microdentistry	10	9
3	A.Y. 2021 – 2022	Microdentistry	10	5
4	A.Y. 2022 – 2023	Microdentistry	10	7
5	A.Y. 2023 – 2024	Microdentistry	10	14

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 Course in Microdentistry

This to Certify that Dr.....has worked in the Department
of Training Centre as per following
details**A) General Experience: No New Mentors appointed**

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

Date: / /

[Signature]
 प्राध्यापक व विभागप्रमुख
 विभागप्रमुख विभाग
 शा.द.म व रु. मुंबई-१

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

[Signature]
 Gov. Dental College & Hospital
 Mumbai 400 001

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