

**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 Oral Implantology	2017	10	Dr Jyoti Tembhone 9372947436 Dr C D Dhalkari 9422204639 Dr Easwaran Ramaswami 9930831379 Dr Kavita Wadde 9004799405
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 or ly)
1	A.Y. 2021 – 2022	Fellowship in Oral Implantology	10	16
2	A.Y. 2020 – 2021	Fellowship in Oral Implantology	10	10
3	A.Y. 2019 – 2020	Fellowship in Oral Implantology	10	9
4	A.Y. 2018 – 2019	Fellowship in Oral Implantology	10	10
5	A.Y. 2017 – 2018	Fellowship in Oral Implantology	10	7

**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)

  
**ARTI GANGURDE**  
 ASSOCIATE PROFESSOR  
 DEPARTMENT OF PROSTHODONTICS  
 AND CROWN AND BRIDGE  
 Govt. Dental College & Hospital  
 Mumbai-400 001.  
 Sign & Stamp  
 Head of the Department  
 Date: / /

  
**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	