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)

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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 Tembhurne 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 only)
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	1

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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 Oral Implantology

Not applicable since there is **NO NEWLY APPOINTED MENTOR**.

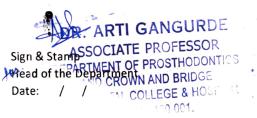
A) General Experience

Designation	From	То	Total peri	odYear/Months
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B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	То	Total periodYear/Months	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)



Dopue.P Dean Government Stampoliege & Hospital Dean/Principal/Head of Institute Date: /

Chairman Member	
Member	
Member	
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