

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026

(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	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. 2025-2026	Microdentistry	10	14
2	A.Y. 2024-2025	Microdentistry	10	07
3	A.Y. 2023-2024	Microdentistry	10	05
4	A.Y. 2022 – 2023	Microdentistry	10	09
5	A.Y. 2021 – 2022	Microdentistry	10	07

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**

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
 Head of the Department
 Date : / /

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

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

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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 Arti Gangurde 9987074536 Dr Akshaya Banodkar 9821098772 Dr Easwaran Ramaswami 9930831379 Dr Abhilasha Yadav 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. 2024 – 2025	Fellowship in Oral Implantology	10	9
2	A.Y. 2023 – 2024	Fellowship in Oral Implantology	10	10
3	A.Y. 2022 – 2023	Fellowship in Oral Implantology	10	10
4	A.Y. 2021 – 2022	Fellowship in Oral Implantology	10	16
5	A.Y. 2020 – 2021	Fellowship in Oral Implantology	10	10

Information to be submitted with respect to newly appointed mentors Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for:- Fellowship Course in Oral Implantology

This is to Certify that **Dr. Akshaya Banodkar** is working in Dept of Periodontology at Government Dental College & Hospital, Mumbai as per following details.

A) General Experience:-

Designation	From	To	Total period Year / Month	
Assistant Professor	29-07-2009	03-08-2015	6	1
Associate Professor	04-08-2015	26-02-2025	9	6
Professor	27-02-2025	Till date	01 yr	0

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period Year / Month	
Assistant Professor	29-07-2009	03-08-2015	6	1
Associate Professor	04-08-2015	26-02-2025	9	6
Professor	27-02-2025	Till date	01 yr	0

Sign & Stamp
Head of the Department
Date:

Sign & Stamp
Dean
Date:

Information to be submitted with respect to newly appointed mentors

Professional/Teaching Experience Certificate for Fellowship/Certificate CoursesFaculty/Teachers/Consultant/Mentor

Title of the Course applied for: - Fellowship Course in Oral Implantology

This is to Certify that Dr. **Abhilasha Yadav** is working in Dept of Oral & Maxillofacial Surgery at Government Dental College & Hospital, Mumbai as per following details.

General**A) Experience: -**

Designation	From	To	Total period	
			Year	Month
Assistant Professor	14/05/2008	13/05/2012	4	0
Associate Professor	14/05/2012	21/01/2015	2	8
Associate Professor	24/05/2015	16/05/2017	2	3
Professor	17/05/2017	02/06/2019	2	0
Professor and Head	03/06/2019	27/11/2021	2	5
Professor and Head	29/11/2021	25/02/2022	0	2
Associate Professor	09/03/2022	14/10/2024	2	6
Professor and Head	15/10/2024	Till date	1	11

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period	
			Year	Month
Assistant Professor	14/05/2008	13/05/2012	4	0
Associate Professor	14/05/2012	21/01/2015	2	8
Associate Professor	24/05/2015	16/05/2017	2	3
Professor	17/05/2017	02/06/2019	2	0
Professor and Head	03/06/2019	27/11/2021	2	5
Professor and Head	29/11/2021	25/02/2022	0	2
Associate Professor	09/03/2022	14/10/2024	2	6
Professor and Head	15/10/2024	Till date	1	11

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

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Sign & Stamp
Head of the Department
Date: / /

Sign & Stamp
Dean
Date: / /

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

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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 Geriatric Dentistry	2020-2021	10	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. 2024 – 2025	Fellowship in Geriatric Dentistry	10	3
2	A.Y. 2023 – 2024	Fellowship in Geriatric Dentistry	10	2
3	A.Y. 2022 – 2023	Fellowship in Geriatric Dentistry	10	1
4	A.Y. 2021 – 2022	Fellowship in Geriatric Dentistry	10	2
5	A.Y. 2020 – 2021	Fellowship in Geriatric Dentistry	10	1

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.

C) General Experience

Designation	From	To	Total period Year/Months	

D) 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 : / /

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

Name of Inspectors		Signature of Inspectors
1) D:\LIC 2025-26\LIC Form Dental 24012025.docx	Chairman	7
2)	Member	
3)	Member	
4)	Member	