

FOR FELLOWSHIP/CERTIFICATE COURSE (S) FOR A.Y. 2023-24

(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
1	Not Applicable			
2				
3				
4				
5				
6				
7				

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	Not Applicable			
2				
3				



P. F. Damania
Signature of Principal With Seal

DR. P. F. DAMANIA
Principal
Smt. C.M.P. Hom. Med.
College, Mumbai - 56.

Annexure-XIIb

Information to be submitted with respect to newly appointed mentors

**Professional Teaching Experience Certificate for Fellowship/ Certificate
Courses Director/Mentor**

Not Applicable



P. F. Damania

Signature of Principal With Seal

DR. P. F. DAMANIA
Principal
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