FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01				
02				
03				
04				
05				
06				
07				

(Attach separate List if necessary)

N.A

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. 20 – 20			
2	A.Y. 20 – 20			
3	A.Y. 20 – 20			
4	A.Y. 20 – 20			
5	A.Y. 20 – 20			

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:-

This to Certify that Dr......has worked in the Department ofTraining Centre as per following details

A) General Experience

Designation	From	То	Total period	Year/Months

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	То	Total period	Year/Months
			N.A	

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

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

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

ANNEXURE-XV C

FOR Ph.D COURSE(S) FOR A.Y. 20.....-20.....

(Please submit separate report for each subject)

Г		T					/
	Date of Inspect	tion :					
Facu	lty:		Subje	ct/Specialty	y :		<i>.</i>
1.	Name & Address	s of the Colleg	e/Resear	ch Centre: -		/	
r	Name of Head of th	e Department:	: -				
[Designation:						
2.	Department / Su (Attach Annexu	-	ails of av	ailable PhD	Guides: -		
Si No		Designation	Date of Birth	Date of Retirement	Total No of PhØ Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1				N	.A		
2							
3							
4				\overline{V}			
5			/				
ι.	Details of availal i) Adequate number ii) Adequate num iii) Any other spec	er of Computer nber of Books	s with Inte Journals	ernet facility is are available	?	Yes / I Yes / I	
j.	Details of Centre i) Available Area (ir ii) Is Drugs/Medicine iii) Is Adequate num iv) Is Records of Sto	n sq. ft) : es/Chemicals e iber of Instrume	etc. are av	ailable for rea	search?	Yes / N Yes / I Yes / I	No
. /	Details of Central i) Available Area i ii) Functioning Ce	Animal House in sq. ft: entral Animal Ho	: ouse?	Yes / No			
7./	Details of Institu	tional Ethical	Committe	ee: (Attach A	Annexure ''B'	7	

 iv) Whether Records of v) Is Human and Anima Details of Research Date of Composition Total number of Meeting Number of meeting Number of meeting Whether records of Is Doctoral Committee If Yes, Date of Committee Total number of Meeting Total number of Meeting Is Plagiarism detect Is Plagiarism detect Yes, Name of the So Is attendance of the F Whether Research O Whether BMW facility Any other important will be helpful to car 	s held in previous year: f proceedings are mainta l Ethics Committee, regi Advisory Committee: on: embers: gs held in previous year: f proceedings are mainta e constituted in the lin nposition: subject Expert. Subject Expert. Subject Expert. Fh.D. Scholar maintaine Centre is registered und y is available? thing related to Resear rry out good quality res	tained properly istered under th (Attach Anne. ained properly? hes of RAC? 	? he appropriate autho <i>xure "C")</i> ? ovisions? nt/Facilities, which this department:	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No
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14. Any other important will be helpful to car 	thing related to Resear rry out good quality res	search under	this department:	
We, the LIC Membe	rry out good quality res	search under	this department:	
We, the LIC Membe				/
We, the LIC Membe				
We, the LIC Membe				
	DECLA	ARATION BY I	LIC	
				spected and verified the
				nstruments and equipment,
available at the research	centre. The overall obse	ervations of the	Inspection Committ	ee are as follows: -
		N.A		
		/		
	······			
Name of Inspe	ctors		Sign. of Inspect	ors with Date
1)		Chairman		
2)		Member		
3)		Member		
4		Member		
		1	1	

College Letter Head

List of Ph.D. Guides Available at Ph.D. Research Centre

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop?	PhD Recognition No. and Date
1						Yes/No	
2							
3					/		
4					N.A		
5					/		

Date:

Signature, Name and stamp of Dean/Principal/Director

ANNEXURE-XV E

College Letter Head

Details of Institutional Ethical Committee

A) Details of Institutional Ethical Committee

Sr.No.	Name of Ethical Committee Member	Designation
1		
2		
3		
4	N.A	
5		
	<u>Dean/Principal/Director</u>	

/

College Letter Head

Details of Research Advisory/ Doctoral Committee

Sr.No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1	× • •	
2		
3		
4		
5		N.A
Date:		ture, Name and stamp of Principal/Director