

ANNEXURE- VIII

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)

-NOT APPLICABLE_

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				
02				
03				
04				
05				
06				
07				

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

**PRINCIPAL**

Maharshi Karve Stree Shikshan Samstha's
Smt. Bakul Tambat Institute of
Nursing Education
Karvenagar, Pune-411052.

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor****Not Applicable**

Title of the Course applied for:-

This to Certify that Dr has
worked in the Department of Training Centre as per
following details**A) General Experience**

Designation	From	To	Total periodYear/Months	

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

Designation	From	To	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)Sign & Stamp
Head of the Department
Date : / /

Sign & Stamp
Principal
Dean/Principal/Head of Institute
Date: / /
Smt. Bakul Tambat Institute of
Nursing Education
Karvenagar, Pune-411052.

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