

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023-2024.....

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

| | |
|-----------------------------|--|
| Date of Inspection : | |
|-----------------------------|--|

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 | 114101-Fellowship Course in Oral Implantology | 2020-2021 | 15 | DR. VIJAYKUMAR JAYRAM GIRHE Contact-7798077682 Email id- drvijaygirhe@yahoo.co.in |
| 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. 2018 - 2019 | 114101-Fellowship Course in Oral Implantology | NA | NA |
| 2 | A.Y. 2019 - 2020 | | NA | NA |
| 3 | A.Y. 2020 - 2021 | | 15 | 10 |
| 4 | A.Y. 2021 - 2022 | | 15 | 14 |
| 5 | A.Y. 2022 - 2023 | | 15 | 15 |




Principal
 Dr. Hedgewar Smruti Rugna Seva Mandal's
 Dental College & Hospital, Hingoli

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:- **114101-Fellowship Course in Oral Implantology**

This to Certify that Dr. Vivek Choukse has worked in the Department of Prosthodontics & Crown & Bridge
Dr. Hedgewar Smruti Rugna Seva Mandal Dental College & Hospital Hingoli of Training Centre as per following
details.

A) General Experience

| Designation | From | To | Total period Year/Months |
|---------------------------|-----------|-----------|--------------------------|
| Asst. Professor | 19-5-2005 | 17-5-2008 | 02 Y - 11 M - 28 D |
| Asso. Professor/Reader | 18-5-2008 | 17-5-2013 | 04 Y - 11 M - 29 D |
| Professor | 18-5-2013 | 31-5-2020 | 07 Y - 03 M - 13 D |
| Principal | 23-9-2020 | Till Date | |

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

| Designation | From | To | Total period Year/Months |
|---------------------------|-----------|-----------|--------------------------|
| Asst. Professor | 19-5-2005 | 17-5-2008 | 02 Y - 11 M - 28 D |
| Asso. Professor/Reader | 18-5-2008 | 17-5-2013 | 04 Y - 11 M - 29 D |
| Professor | 18-5-2013 | 31-5-2020 | 07 Y - 03 M - 13 D |
| Principal | 23-9-2020 | Till Date | |

(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 : / /2023



Sign & Stamp
Dean/Principal/Head of Institute
Date: / /2023

Principal

Dr. Hedgewar Smruti Rugna Seva Mandal's
Dental College & Hospital, Hingoli

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