

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2024-2025.....

(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 Sawai Sawa Mandai'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 :16/12/2023

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

Dr. Vivek Choukse
Dental College & Hospital, Hingoli



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