

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	:	
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1. Name 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	Fellowship Course In Ksharsutra	2011-2012	08	1.Dr.V.R. Sonambekar Mob: 9822624890 2.Dr. P.P.Dixit Mob. 9011045371 3) Dr. Shripad M Upasani Mob. 9823033591 4..Dr.S.S.Pathak Mob. 7767939759

(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.2017– 2018	Fellowship Course in Ksharsutra	8	03
2	A.Y.2018 – 2019	Fellowship Course in Ksharsutra	8	08
3	A.Y.2019 – 2020	Fellowship Course in Ksharsutra	8	05
4	A.Y.2020 – 2021	Fellowship Course in Ksharsutra	8	05
5	A.Y.2021 – 2022	Fellowship Course in Ksharsutra	8	08

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses

Faculty/Teachers/Consultant/Mentor

Title of the Course applied for : Fellowship Course in Ksharsutra Chikitsa.

This is to certify that **Vd. Sonambekar Vinay Raghunath** has worked in the Department of ASS Ayurved Mahavidyalaya, Nashik College/Institutes as per following details.

A) General Experience:

Designation	From	To	Total period Year/Month	
Professor	01.07.2010	to till date	12 yrs	3 month
Reader	02.01.2006	30.06.2010	4 yrs	6 month
Assistant Professor	01.07.2000	01.01.2006	5 yrs	5 month

B) Actual Experience in the subject of concerned Fellowship/Certificate course applied for :
Fellowship Course in Ksharsutra Chikitsa.

Designation	From	To	Total period Year/Month	
Professor	01.07.2010	to till date	12 yrs	3 month
Reader	02.01.2006	30.06.2010	4 yrs	6 month
Assistant Professor	01.07.2000	01.01.2006	5 yrs	5 month

(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 :-01/04/2023

Sign & Stamp

Dean/Principal/Head of Institute

Date :-

01/04/2023

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses

Faculty/Teachers/Consultant/Mentor

Title of the Course applied for : Fellowship Course in Ksharsutra Chikitsa.

This is to certify that **Vd. Dixit Pankaj Prabhakar** has worked in the Department of ASS Ayurved Mahavidyalaya, Nashik College/Institutes as per following details.

A) General Experience:

Designation	From	To	Total period Year/Month	
Associate Professor	01.10.2011	to till date	11 yrs	-

B) Actual Experience in the subject of concerned Fellowship/Certificate course applied for :
Fellowship Course in Ksharsutra Chikitsa.

Designation	From	To	Total period Year/Month	
Associate Professor	01.10.2011	to till date	11 yrs	-

(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
Dean/Principal/Head of Institute**

Date :-

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses

Faculty/Teachers/Consultant/Mentor

Title of the Course applied for : Fellowship Course in Ksharsutra Chikitsa.

This is to certify that **Vd. Upasani Shripad Mangalmurti** has worked in the Department of ASS Ayurved Mahavidyalaya, Nashik College/Institutes as per following details.

A) General Experience:

Designation	From	To	Total period Year/Month	
Associate Professor	01.06.2009	to till date	13 yrs	4 M
Assistant Professor	01.10.2003	31.05.2009	6 yrs	-

B) Actual Experience in the subject of concerned Fellowship/Certificate course applied for :
Fellowship Course in Ksharsutra Chikitsa.

Designation	From	To	Total period Year/Month	
Associate Professor	01.06.2009	to till date	13 yrs	4 M
Assistant Professor	01.10.2003	31.05.2009	6 yrs	-

(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 :-01/04/2023

**Sign & Stamp
Dean/Principal/Head of Institute**

Date :-01/04/2023

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses

Faculty/Teachers/Consultant/Mentor

Title of the Course applied for : Fellowship Course in Ksharsutra Chikitsa.

This is to certify that **Vd. Santosh Shridhar Pathak** has worked in the Department of ASS Ayurved Mahavidyalaya, Nashik College/Institutes as per following details.

A) General Experience:

Designation	From	To	Total period Year/Month	
Assistant Professor	22.07.2008	to till date	14 yrs	3 M

B) Actual Experience in the subject of concerned Fellowship/Certificate course applied for :
Fellowship Course in Ksharsutra Chikitsa.

Designation	From	To	Total period Year/Month	
Assistant Professor	22.07.2008	to till date	14 yrs	3 M

(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 :-01/04/2023

Sign & Stamp

Dean/Principal/Head of Institute

Date :-01/04/2023

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

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

Date of Inspection	:	
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3. 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	Fellowship in panchakarma	2017-2018	8	Dr.savita kulkarni /9423081487 Dr.Gadekar Smita 8390757781 Dr Ketaki Kulkarni 9673682887 Dr Neelam Gokhale 8390629619

(Attach separate List if necessary)

4. 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. 2017- 2018.	Fellowship in panchakarma	8	2
2	A.Y. 2018 - 2019	Fellowship in panchakarma	8	4
3	A.Y. 2019 - 2020	Fellowship in panchakarma	8	0
4	A.Y. 2020- 2021	Fellowship in panchakarma	8	4
5	A.Y. 2021- 2022	Fellowship in panchakarma	8	0

ANNEXURE- XIV- A

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 :	Fellowship in panchakarma
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This to Certify that Dr Savita Ambadas Kulkarni has worked in the Department of Panchakarma Training Centre as per following details

A) General Experience

Designation	From	To	Total periodYear/Months	
Assistant professor	1/04/2010	31/07/2014	4 yrs	3 month
Assistant professor	1/08/2014	10/04/2022	7yrs	5 month
Professor	19/04/2022	Till Date	1yr	0 month

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

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

Designation	From	To	Total periodYear/Months	
Assistant professor	1/04/2010	31/07/2014	4 yrs	3 month
Assistant professor	1/08/2014	10/04/2022	7yrs	5 month
Professor	19/04/2022	Till Date	1yr	0 month

ANNEXURE- XIV- A

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 Fellowship in panchakarma

This to Certify that Dr Smita A.Gadekar has worked in the Department of Panchakarma Training Centre as per following details

C) General Experience**D)**

Designation	From	To	Total periodYear/Months	
professor	18/12/2019	To til date	2 yrs	5 month
Associate professor	28/01/2017	17/12/2019	2 yrs	11 month
Associate professor	1/12/2012	27/01/2017	5 yrs	-
Assistant professor	1/01/2011	30/11/2012	1 yrs	11 month

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

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

Designation	From	To	Total periodYear/Months	
professor	18/12/2019	To til date	3yrs	4 month
Associate professor	28/01/2017	17/12/2019	2 yr	11 month

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 Fellowship in panchakarma

This to Certify that Dr ketaki R.Kulkarni has worked in the
 Department of Panchakarm Training Centre as per following details

F) General Experience

Designation	From	To	Total periodYear/Months	
Assistant professor	10/01/2018	Till date	5 yrs	4 month

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

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

Designation	From	To	Total periodYear/Months	
Assistant professor	10/01/2018	Till date	5 yrs	4 month

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 Fellowship in panchakarma

This to Certify that Dr Nilam A. Gokhale has worked in the Department of Panchakarma Training Centre as per following details

H) General Experience

Designation	From	To	Total periodYear/Months	
Assistant professor	1/01/2022	Till date	1 Yr	3 month

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

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

Designation	From	To	Total periodYear/Months	
Assistant professor	1/01/2022	Till date	1 Yr	3 month

Sign & Stamp
 Head of the Department
 Date :01/04/2023

Sign & Stamp
 Dean/Principal/Head of Institute
 / Date:/1/04/2023

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