

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	:	
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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	Certificate Course in Modern Pharmacology	2019	50	Dr. Rahul P. Bhavsar M-9619419807
02	--	--	--	--

(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. 2021 – 2022	Certificate Course in Modern Pharmacology	50	50
2	A.Y. 2022 – 2023	Certificate Course in Modern Pharmacology	50	50
3	A.Y. 2023 – 2024	Certificate Course in Modern Pharmacology	50	50
4	A.Y. 2024 – 2025	Certificate Course in Modern Pharmacology	50	50
5	A.Y. 2024 – 2025	Certificate Course in Modern Pharmacology	50	50

Data Verified by the Committee members:

Member

Member

Member

Chairman



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:- Certificate Course in Modern Pharmacology.

This to Certify that Dr. Rahul P. Bhavsar has worked in the Department of Pharmacology Training Centre, as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Professor & HoD	01/05/2025	till date	00	08 Months

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

Designation	From	To	Total period Year/Months	
Professor & HoD	01/05/2025	till date	00	08 Months
Professor	27/09/2023	30/04/2025	01	07
Professor	01/09/2022	25/09/2023	01	01
Associate Professor	01/06/2019	31/08/2022	03	03
Assistant Professor	16/04/2018	31/05/2019	01	02
Assistant Professor	02/08/2017	15/09/2018	00	06
Assistant Professor	09/01/2015	31/07/2017	02	07

(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: / /2026

Sign & Stamp
Dean/Principal/Head of Institute
Date: / /2026

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

