

ANNEXURE-VIII

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	2016-17	50	Dr. Vandana Badar Contact-9960031486 Mail- drvandanabadar@yahoo.co.in

(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	Certificate Course in Modern Pharmacology	50	50
2	A.Y.2019 –2020	Certificate Course in Modern Pharmacology	50	50
3	A.Y.2020. –2021	Certificate Course in Modern Pharmacology	50	50
4	A.Y.2021 –2022	Certificate Course in Modern Pharmacology	50	50
5	A.Y.2022 –2023	Certificate Course in Modern Pharmacology	50	50
6	A.Y.2023 –2024	Certificate Course in Modern Pharmacology	50	50
7	A.Y.2024–2025	Certificate Course in Modern Pharmacology	50	50

Data Verified by the Committee members

Member

Member

Member

Chairman



DEAN
INDIRA GANDHI GOVT. MEDICAL COLLEGE
MUMBAI

ANNEXURE-VIII-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: - **Certificate Course in Modern Pharmacology**
 This is to Certify that **Dr Vandana Avinash Badar** has worked in the Department of **Pharmacology**, Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
			Year	Months
Professor	30-08-1997	Till Date	26 Years	--

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

Designation	From	To	Total period Year/Months	
			Year	Months
Asst. Professor	30-08-1997	03-03-2006	8 Year	6 Months
Asso. Professor (Adhoc)	04-03-2006	31-08-2008	2 year	5 Months
Asso. Professor (Regular)	01-09-2008	09-08-2022	13 Year	11 Months
Professor	10-08-2022	Till Date	2 Year	5 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
 Dean/Principal/
 Head of Institute
 Date: / /

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

Data Verified by the Committee member

Member Member Member Chairman

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DEAN
DR. RAJESH K. SHARMA
RAJESH K. SHARMA
GOVT. MEDICAL COLLEGE,
2020-21