

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2022-2023**

(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

DEAN

Dr. Jira Gandhi Govt. Medical College  
Nagpur.

**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 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	
Professor	30-08-1997	Till Date	25 Years	--

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

Designation	From	To	Total period 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	--	6 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	

  
**DEAN**  
 Dr. Gandhi Govt. Medical College  
 Nagpur.