

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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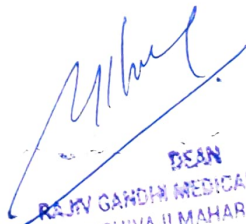
1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certificate Course	Course started from the Academic Year	Intake Capacity sanctioned by the University	Name of Mentor & Contact Details
1.	Certificate Course in Modern Pharmacology	2017	50	Dr.Rohankumar .C.Hire 9970036883

(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	01	50	Fifty only
2.	A.Y. 2018 - 2019	01	50	Fifty only
3.	A.Y. 2019 - 2020	01	50	Fifty only
4.	A.Y. 2020 - 2021	01	52	Fifty two only
5.	A.Y. 2021 - 2022	01	50	Fifty only
6.	A. Y. 2022 - 2023	01	51	Fifty one only


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 RAJIV GANDHI MEDICAL COLLEGE &
 CHHATRAPATI SHIVAJI MAHARAJ HOSPITAL, THANE

ANNEXURE VA

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. Rohankumar Chandrakant Hire..... has
worked in the Department of ...Pharmacology.... Training Centre as per following
details

A) General Experience

Designation	From	To	Total period Year/Months
Assistant Professor	21/Jan/2015	21/Sep//2022	07 years 08 months
Associate Professor	22/Sep/2022	Till Date	05 months 07 days

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

Designation	From	To	Total period Year/Months
Assistant Professor	1/Jan/2017	21/Sep//2022	05 years 08 months
Associate Professor	22/Sep/2022	Till Date	05 months 07 days

(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	