

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026.....

(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	114101-Fellowship Course in Oral Implantology	2020-2021	15	DR.VIJAYKUMAR JAYRAM GIRHE Contact:-7798077682 Email id:- drvijaygirhe@yahoo.co.in
02				
03				
04				
05				

(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. 2020 - 2021	114101-Fellowship Course in Oral Implantology	15	10
2	A.Y. 2021 - 2022		15	14
3	A.Y. 2022 - 2023		15	15
4	A.Y. 2023 - 2024		15	15
5	A.Y. 2024 - 2025		15	14



Principal
Dr. H.D. Hedgewar Smruti Rugna Seva Mandal's
Dental College & Hospital, HINGOLI

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:- **114101-Fellowship Course in Oral Implantology**

This to Certify that **Dr. Vivek Choukse** has worked in the Department of Prosthodontics & Crown & Bridge
Dr. Hedgewar Smruti Rugna Seva Mandal Dental College & Hospital Hingoli of Training Centre as per following
 details.

A) General Experience

Designation	From	To	Total periodYear/Months	
Asst. Professor	19-5-2005	17-5-2008	02 Y - 11 M - 28 D	
Asso. Professor/Reader	18-5-2008	17-5-2013	04 Y - 11 M - 29 D	
Professor	18-5-2013	31-5-2020	08 Y - 03 M - 13 D	
Principal	23-9-2020	Till Date		

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

Designation	From	To	Total periodYear/Months	
Asst. Professor	19-5-2005	17-5-2008	02 Y - 11 M - 28 D	
Asso. Professor/Reader	18-5-2008	17-5-2013	04 Y - 11 M - 29 D	
Professor	18-5-2013	31-5-2020	08 Y - 03 M - 13 D	
Principal	23-9-2020	Till Date		

(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 :10/01/2024



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

Principal
Dr. Hedgewar Smruti Rugna Seva Mandal's
Dental College & Hospital, Hingoli

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

