

Annexure II (PG)

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 205-2026

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Date of Inspection :

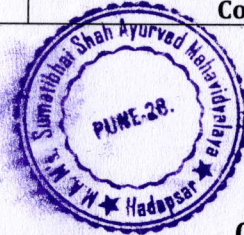
1. Name(s) of the Fellowship/Certificate Courses(s) :

| 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 |
|---------|--|---------------------------------------|--|--|
| 1) | Fellowship Course in Ayurved for Child Health Care Management Course | 2017-18 | 10 | Dr. Waghmare N.R. - 7038984984 Dr. Babar R.P. - 8275459236 Dr. Jagtap M.A. - 8412022555 Dr. Kadwadkar N.R. - 9765010503 Dr. Posugade M.D. - 8308782144 |

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 |
|---------|-----------------------|--|-----------------|--------------------------|
| 1) | Academic Year 2023-24 | Fellowship Course in Ayurved for Child Health Care Management Course | 10 | 10 |
| 2) | Academic Year 2022-23 | Fellowship Course in Ayurved for Child Health Care Management Course | 10 | 10 |
| 3) | Academic Year 2021-22 | Fellowship Course in Ayurved for Child Health Care Management Course | 10 | 04 |
| 4) | Academic Year 2020-21 | Fellowship Course in Ayurved for Child Health Care Management Course | 10 | 04 |
| 5) | Academic Year 2019-20 | Fellowship Course in Ayurved for Child Health Care Management Course | 10 | 02 |

Date : 05/03/2026



(Prof. Dr. Sachinkumar S. Patil)

Principal

PRINCIPAL
M.A.M.'s, Sumatibhai Shah
Ayurved Mahavidyalaya,
Hadapsar, Pune-411028.

Annexure III (PG)
For Fellowship Teaching Certificate

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 : **Fellowship course in Ayurved for Child Health Care Management**

This is to certify that, **Dr. Waghmare Nitin Ramchandra** has worked in the department of Maharashtra Arogya Mandal's Sumatibhai Shah Ayurved Mahavidyalaya, as per following details.

A) General Experience:

| Designation | From | To | Total Period (Year / Months) |
|------------------|-------------------|-------------------|---------------------------------|
| Professor | 06.08.2018 | Till date | 07.06 |
| Reader | 17.06.2013 | 05.08.2018 | 05.01 |
| Lecturer | 23.01.2013 | 15.06.2013 | 00.05 |
| Lecturer | 06.09.2012 | 31.12.2012 | 00.04 |
| Lecturer | 07.08.2012 | 31.08.2012 | 00.01 |
| Lecturer | 07.05.2012 | 04.08.2012 | 00.04 |
| Lecturer | 07.10.2011 | 03.04.2012 | 00.06 |
| Lecturer | 04.11.2010 | 29.09.2011 | 00.11 |
| Lecturer | 16.06.2010 | 13.10.2010 | 00.04 |
| Lecturer | 05.02.2010 | 04.06.2010 | 00.04 |
| Lecturer | 03.10.2009 | 30.01.2010 | 00.04 |
| Lecturer | 03.06.2009 | 30.09.2009 | 00.04 |
| Lecturer | 02.02.2009 | 01.06.2009 | 00.04 |
| Lecturer | 02.07.2007 | 31.01.2009 | 01.07 |

B) Actual experience in the Subject of concerned Fellowship/Certificate Course:

| Designation | From | To | Total Period (Year / Months) |
|------------------|-------------------|-------------------|---------------------------------|
| Professor | 06.08.2018 | Till date | 07.06 |
| Reader | 17.06.2013 | 05.08.2018 | 05.01 |
| Lecturer | 23.01.2013 | 15.06.2013 | 00.05 |
| Lecturer | 06.09.2012 | 31.12.2012 | 00.04 |
| Lecturer | 07.08.2012 | 31.08.2012 | 00.01 |
| Lecturer | 07.05.2012 | 04.08.2012 | 00.04 |
| Lecturer | 07.10.2011 | 03.04.2012 | 00.06 |
| Lecturer | 04.11.2010 | 29.09.2011 | 00.11 |
| Lecturer | 16.06.2010 | 13.10.2010 | 00.04 |
| Lecturer | 05.02.2010 | 04.06.2010 | 00.04 |
| Lecturer | 03.10.2009 | 30.01.2010 | 00.04 |
| Lecturer | 03.06.2009 | 30.09.2009 | 00.04 |
| Lecturer | 02.02.2009 | 01.06.2009 | 00.04 |
| Lecturer | 02.07.2007 | 31.01.2009 | 01.07 |



(It is mandatory to attach self-attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship course)

(Dr. Nitin Ramchandra Waghmare)
Sign & stamp of Head of the Department
Date : 05/03/2026

(Prof. Dr. Sachinkumar S. Patil)
Sign & Stamp of Head of the Institute
Date : 05/03/2026

PRINCIPAL
M.A.M.'s, Sumatibhai Shah
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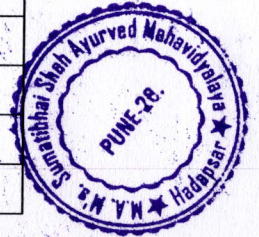
This is to certify that, **Dr. Babar Ramchandra Pandurang** has worked in the department of Maharashtra Arogya Mandal's Sumatibhai Shah Ayurved Mahavidyalaya, as per following details.

A) General Experience:

| Designation | From | To | Total Period (Year / Months) |
|-------------|------------|------------|---------------------------------|
| Reader | 21.07.2025 | Till Date | 00.07 |
| Professor | 21.07.2023 | 20.07.2025 | 02.00 |
| Reader | 30.10.2019 | 20.07.2023 | 03.09 |
| Lecturer | 02.09.2016 | 29.10.2019 | 03.02 |
| Lecturer | 16.09.2011 | 31.08.2016 | 04.11 |

B) Actual experience in the Subject of concerned Fellowship/Certificate Course:

| Designation | From | To | Total Period (Year / Months) |
|-------------|------------|------------|---------------------------------|
| Reader | 21.07.2025 | Till Date | 00.07 |
| Professor | 21.07.2023 | 20.07.2025 | 02.00 |
| Reader | 30.10.2019 | 20.07.2023 | 03.09 |
| Lecturer | 02.09.2016 | 29.10.2019 | 03.02 |
| Lecturer | 16.09.2011 | 31.08.2016 | 04.11 |



(It is mandatory to attach self-attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship course)

(Dr. Nitin Ramchandra Waghmare)
Sign & stamp of Head of the Department
Date : 05/03/2026

(Prof. Dr. Sachinkumar S. Patil)
Sign & Stamp of Head of the Institute
Date : 05/03/2026

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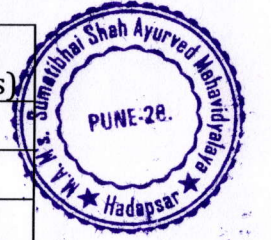
This is to certify that, **Dr. Jagtap Manisha Amitkumar** has worked in the department of Maharashtra Arogya Mandal's Sumatibhai Shah Ayurved Mahavidyalaya, as per following details.

A) General Experience:

| Designation | From | To | Total Period (Year / Months) |
|-----------------|-------------------|-------------------|---------------------------------|
| Reader | 01.12.2025 | Till date | 00.03 |
| Lecturer | 18.11.2025 | 30.11.2025 | 00.12 |
| Lecturer | 02.07.2018 | 20.07.2025 | 07.00 |
| Lecturer | 01.09.2015 | 31.05.2017 | 01.08 |


B) Actual experience in the Subject of concerned Fellowship/Certificate Course:

| Designation | From | To | Total Period (Year / Months) |
|-----------------|-------------------|-------------------|---------------------------------|
| Reader | 01.12.2025 | Till date | 00.03 |
| Lecturer | 18.11.2025 | 30.11.2025 | 00.12 |
| Lecturer | 02.07.2018 | 20.07.2025 | 07.00 |
| Lecturer | 01.09.2015 | 31.05.2017 | 01.08 |



(It is mandatory to attach self-attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship course)

(Dr. Nitin Ramchandra Waghmare)
Sign & stamp of Head of the Department
Date : 05/03/2026


(Prof. Dr. Sachinkumar S. Patil)
Sign & Stamp of Head of the Institute
Date : 05/03/2026

PRINCIPAL
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Title of the course applied for : **Fellowship course in Ayurved for Child Health Care Management**

This is to certify that, **Dr. Kadwadkar Nilam Ramesh** has worked in the department of Maharashtra Arogya Mandal's Sumatibhai Shah Ayurved Mahavidyalaya, as per following details.

A) General Experience:

| Designation | From | To | Total Period (Year / Months) |
|-------------|------------|-----------|---------------------------------|
| Lecturer | 22.12.2023 | Till Date | 02.03 |

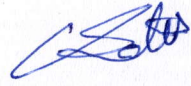
B) Actual experience in the Subject of concerned Fellowship/Certificate course:

| Designation | From | To | Total Period (Year / Months) |
|-------------|------------|-----------|---------------------------------|
| Lecturer | 22.12.2023 | Till Date | 02.03 |



(It is mandatory to attach self-attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship course)

(Dr. Nitin Ramchandra Waghmare)
Sign & stamp of Head of the Department
Date : 05/03/2026


(Prof. Dr. Sachinkumar S. Patil)
Sign & Stamp of Head of the Institute
Date : 05/03/2026

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Title of the course applied for : **Fellowship course in Ayurved for Child Health Care Management**

This is to certify that, **Dr. Posugade Megha Deepak** has worked in the department of Maharashtra Arogya Mandal's Sumatibhai Shah Ayurved Mahavidyalaya, as per following details.

A) General Experience:


| Designation | From | To | Total Period (Year / Months) |
|-----------------|-------------------|------------------|---------------------------------|
| Lecturer | 29.09.2025 | Till Date | 00.05 |

B) Actual experience in the Subject of concerned Fellowship/Certificate Course:

| Designation | From | To | Total Period (Year / Months) |
|-----------------|-------------------|------------------|---------------------------------|
| Lecturer | 29.09.2025 | Till Date | 00.05 |

(It is mandatory to attach self-attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship course)

(Dr. Nitin Ramchandra Waghmare)
Sign & stamp of Head of the Department
Date : 05/03/2026


(Prof. Dr. Sachinkumar S. Patil)
Sign & Stamp of Head of the Institute
Date : 05/03/2026

PRINCIPAL
M.A.M.'s, Sumatibhai Shah
Ayurved Mahavidyalaya,
Hadapsar, Pune-411028,

