

ANNEXURE-VIII

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	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
8	A.Y. 2025 –2026	Certificate Course in Modern Pharmacology	50	50

Data Verified by the Committee members

Member Member Member Chairman

Achuboy

DEAN

Indra Gandhi Govt. Medical College

Nagpur

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 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	27 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	3 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 *M. Badar*
Professor & Head
 Head of the Department **Dept. of Pharmacology**
Indira Gandhi Govt. Medical College
Nagpur
 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

Acharya
DEAN
Indira Gandhi Govt. Medical College