



**ORDINANCE THE PROCEDURE AND RULES GOVERNING CONDUCT AND AWARD
NO: 01 /2022 OF CERTIFICATE AND FELLOWSHIP COURSE ORDINANCE, 2022**

1. Short title and commencement.-

- (1) This Ordinance may be called the Procedure and Rules for governing the conduct of Certificate and Fellowship Courses Ordinance, 2022.
- (2) It shall come into the force with effect from the date of its issuance.
- (3) To prescribe the conditions required for governing of University affiliated Training Centers to conduct the specialized Fellowship and Certificate Courses, is a subject matter of an Ordinance as per section 50 of the Maharashtra University of Health Sciences, Act 1998; Hence, the University Direction No. 05/2017 (amended) was issued for the time being, is hereby repealed. However, the actions taken thereunder are saved hereby and they shall continue to have effect and be deemed to have been done or taken under the corresponding provisions of this Ordinance.

2. Definitions.-

- (1) In this Ordinance, unless the context otherwise requires,-
 - (a) "Fellowship Course" means the full time skill enhancement professional academic Course in any speciality of any discipline of the Health Sciences, having the minimum duration of 12 months or such higher period, as may be notified by the Maharashtra University of Health Sciences (hereinafter, in this Ordinance referred to as "the MUHS"), from time to time;
 - (b) "Certificate Course" means the full time knowledge advancement professional academic course in any specialty of any discipline of the Health Sciences, having the minimum duration of 06 months or 12 months or the period, as may be notified by the MUHS, from time to time;
 - (c) "Training Centre" (T.C.) means such centre(s) where Certificate and Fellowship Course(s) are conducted and evaluated for skill and knowledge enhancement, at the Affiliated Colleges, University departments, recognized institutions, recognized hospitals and recognized health centers, recognized research centers;
 - (d) "Director" means the head of the concerned recognized Training Centre;
 - (e) "Course coordinator" means the Coordinator appointed by the Training Centre for each Certificate or Fellowship Course;

- (f) "Mentor" means the Course educator possessing requisite qualifications and experience as prescribed by the MUHS and providing training, expertise and conducting the Course at the recognized Training Centre;
- (g) "Validation" means the validation issued to the appointment of Mentor, upon receipt of the proposal from recognized Training center, after verifying his requisite qualification and experience, as prescribed by the MUHS;
- (h) "Credit Based System" (C.B.S.) means the system adopted by the training center, on the basis of the credit(s), to be acquired by the students to become eligible to appear for the MUHS Examination conducted for Fellowship and/or Certificate Course;
- (i) "Credit" means a unit of measuring learning load in the Certificate and/or Fellowship Course;

Explanation. - Credit denotes workload of a learner and is an index of the number of hours spent for learning. These include a variety of learning academic, clinical and para clinical, research activities, as prescribed by the MUHS, from time to time;

- (2) Words or expressions used but not defined in this Ordinance shall have the same meanings, respectively assigned to them in the Maharashtra University of Health Sciences Act, 1998., (hereinafter, in this Ordinance referred to as "the said Act").

3. Purpose.-

The University has instituted Certificate and Fellowship Course leading to award Certificate of distinction and Certificate of Fellowship Course for the purpose of skill enhancement and academic knowledge improvement in the clinical and academic areas identified in the given speciality of the subjects of Health Science(s). The purpose of these Course is to develop skills and enhance knowledge among the professionals, as per the current needs of academics and the society. These Course are aimed to enhance one or more basic competencies, as designed for qualifying for the said Course.

4. Nomenclature of Programme(s).-

- (1) After fulfilling all the requirements, the MUHS shall award the qualification as the Certificate and/or Fellowship Course, respectively, for the concerned competency or Skill. The Certificate and Fellowship Course shall include the title of Certificate or Fellowship Course and the name of the concerned Faculty. (2) The MUHS shall not conduct the Certificate and/or Fellowship Course for specialities or sub-specialities in which the MUHS is already conducting postgraduate degree or diploma Course.

5. Eligibility of applicant. -

- (1) The eligibility criteria of the applicant, for seeking admission to the Fellowship Course under Medical Faculty shall normally be the Post Graduate Degree qualification in the respective Health Science's discipline, or as may be notified by the MUHS considering the resolutions passed by the Academic Authorities from time to time.
- (2) Student possessing Under Graduate and / or Post Graduate Qualification from Foreign University and willing to apply for any of these Courses shall have to produce the required documents such as mark list of the Board of Examination conducted by the concerned Central Council or appropriate authority and valid registration certificate to practice in the State of Maharashtra or the Country.
- (3) The student possessing recognized Postgraduate Diploma qualification shall have to complete extra duration of curriculum and /or work, as may be prescribed or notified by the MUHS, from time to time.
- (4) Under the Medical Faculty, the regular P.G., and the Diploma Candidate shall be considered on priority for allotment of seat as per merit. However, in absence of the regular P.G., and the Diploma Candidate the applicant having qualification(s) awarded by the College of Physician and Surgeon, Mumbai such as F.C.P.S., C.P.S. shall be considered eligible, only if the qualification(s) is equivalent to the eligibility notified for the concerned Fellowship or Certificate Course by the MUHS and if the said F.C.P.S., C.P.S. qualification is registered with the Maharashtra Medical Council, Mumbai.
- (5) The eligibility of student for the Fellowship or Certificate Course shall be decided by the minimum qualification required by law to practice the skills for the said course. There shall not be any age limit for admission to the Fellowship or Certificate Course. However, the candidate shall have to submit the physical fitness certificate as per the requirement of the concerned Course.

6. Duties and Responsibilities of Student.-

- (1) To acquire academic excellence as well as clinical and non-clinical skill competencies, as contemplated by the Course, the student shall actively participate in teaching-learning activities and research activities as prescribed or as may be prescribed or notified by the University.
- (2) It shall be mandatory for the student to acquire credit as may be prescribed by the University from time to time, to be eligible for the certifying examination of the Fellowship or Certificate Course conducted. If the student is unable to acquire credits within the stipulated period of the Course due to unforeseen reasons, he

may be allowed to complete these credits within next academic year, by submitting renewal application with the necessary fees as notified or as may be notified, through the Training Centre. The Vice-Chancellor shall grant the said extension, after verifying the genuineness of the case.

- (3) If any person indulging in the practice, consulting or hands on work in the particular speciality of Health Sciences, he shall possess the essential qualification(s) mandatorily, prescribed by the concerned competent Authority such as the concerned Central Council, the State Government, the Central Government or the Local self-Government etc. for such practice, consulting or hands on work.
- (4) Mere holding the University Fellowship and/or Certificate Course shall itself not allow or permit anyone to practice, consultation or hands on work in the particular speciality of the Health Science, he shall mandatorily possess the essential qualification(s).
- (5) Leave of absence with the permission of the Director or Head of the Department up to a maximum period of 12 days for Fellowship or Certificate Course in a course tenure may be permitted. Apart from these leaves, any other absence/leave due to any valid reason(s), shall amount to extension of the course for the number of days of absence or leave enjoyed by the student. Such cases shall be decided by the Director or Head of the Department on the basis of merit, considering the genuineness of the case. However, such period shall not exceed more than 90 Days in the course duration. The case other than this, shall be referred by the Training center to the University and the University shall decide or take appropriate decision. The policy of the MUHS regarding term extension for examination shall be applied in such cases.

7. Criteria of eligibility, duties and responsibilities of academic staff appointed by Training Centre.-

(1) DIRECTOR.-

The Director of Training Centre shall be appointed by the Management of the concerned Training Centre to supervise, Control and Coordinate for overall conduct of Fellowship or Certificate Course.

a) Duties and responsibilities of Director shall include the following, namely:-

- i. overall monitoring of the Fellowship and/or Certificate Course;
- ii. to provide with the required academic and infrastructural facilities required for Training Centre to conduct the Fellowship and/or Certificate Course;
- iii. to organize admissions, teaching-learning activities, examinations of the said Course, as per the MUHS guidelines and report to the University authorities as and when required;
- iv. to appoint and train the teaching and non teaching staff as per the standards laid down by the MUHS;
- v. to organize academic activities at the institutional level to update the faculty and the student with the recent advancements in the discipline;
- vi. to co-ordinate and co-operate with the University authorities in the duration of the courses and the MUHS procedures such as admission, inspections, examination, etc.;
- vii. any other duties and responsibilities assigned by the University, from time to time.

b) Eligibility criteria of Director of Training center,-

Age limit , -

Maximum age limit for Director shall be 65 years or as prescribed or notified by the MUHS.

c) Qualification and Experience:

i. *Person from teaching faculty , -*

He shall possess the qualifications and experience prescribed or notified by the University for the post of Professor in the concerned discipline of Fellowship and/or Certificate Course in Health Sciences speciality. The Dean or Principal of affiliated Health Science College or institution, as the case may be, may also be officiated as Director of the training center to conduct the Course at the Institute or College.

ii. **For Clinician or Health Sciences Consultant (non-teaching and /or teaching) background , -**

He shall possess the professional experience of 15 years, after acquiring the Postgraduate degree in the subject of the Health Sciences. He may possess combined experience (teaching/nonteaching/professional, as the case may be) in an affiliated health sciences college or institute, if any;

(2) TRAINING CENTER COURSE CO-ORDINATOR-

There shall be a separate Course Coordinator for one or more Fellowship and/or Certificate Course at the Training Center.

a) The duties and responsibilities of Course Coordinator shall include the following, namely: -

- (i) organization of academic activities of the course as per the MUHS guidelines, which may be notified by the MUHS on its website;
- (ii) preparation and implementation of teaching-learning programmes, academic calendar, schedules including the time table, as per the syllabus;
- (iii) administrative work, such as reporting, organizing meetings, giving feedback as per the requirement of the MUHS;
- (iv) to organize trainings and workshops for faculty and students;
- (v) to organize meetings of students, faculty and the MUHS Authorities for continuous improvement of educational programmes;
- (vi) overall coordination and smooth conduct of the Fellowship and/or Certificate Course at Training Center;
- (vii) any other duties and responsibilities, as may be assigned by the MUHS, from time to time.

b) Age limit :

Maximum age limit for the Training Centre Course Coordinator shall be 62 years as may be notified by the MUHS.

c) Eligibility criteria :

The Course Coordinator for the Fellowship and/or Certificate Course should be an academician and/or an administrator with post graduate qualification and having minimum of 10 years of administrative experience in a teaching institute or hospitals, not below the rank of administrative officer, associate professor, medical superintendent or senior consultant.

(3) MENTOR.-

Mentor is the educator appointed by the concerned Training Centre for imparting teaching and training to the candidates admitted to the concerned Fellowship and/or Certificate Course (s).

a) Duties and responsibilities of Mentor shall include,-

- (i) to guide and train the students admitted to the Fellowship and/or Certificate Course(s) at the concerned Training Center;
- (ii) to plan day to day teaching-learning activities of the students in hospital, laboratory and community, as per the syllabus prescribed or notified by the MUHS;
- (iii) to supervise and monitor the academic, clinical and para clinical performance of the students;
- (iv) to participate in the responsibilities assigned by the University such as conduct of examinations, etc.;
- (v) to guide the students in planning and implementation of research activities;
- (vi) to evaluate progress of the students;
- (vii) offer feedback based on the performance of the student(s) to the Training Center and the MUHS;
- (viii) any other duties and responsibilities, assigned or as may be assigned by the MUHS, from time to time.

b) Eligibility criteria for Mentor :

Age limit, -

Age limit for Mentor shall be 62 years or as may be notified by the University from time to time; However, the Mentor can be reappointed up to maximum age limit as may be prescribed for teaching faculty member by the National Medical Commission / Concerned Central Council/Commission, subject to submission of Medical Fitness Certificate.

Qualification, -

postgraduate Degree in the concerned or related speciality, from recognized or approved institution or University, with additional qualification and/or requisite experience of the concerned speciality of Fellowship and/or Certificate Course, if applicable and as defined in the curriculum of the concerned course;

Experience and Research Publication(s):

(a) Criteria applicable for health Sciences Postgraduate degree Holder :

Total Five years of professional experience, teaching or non-teaching, in the concerned discipline of the Fellowship and/or Certificate Course in Health Sciences speciality, after acquiring

Postgraduate degree with two research publications in the indexed journal, and for other than Medical faculty, two research publications in a National or International Journal, with I.S.S.N. number.

(b) Criteria applicable for Super Specialty degree (D.M./M.Ch.) holder :

- i) total two years of professional experience, teaching or non-teaching in the concerned discipline of the Fellowship and/or Certificate Course in Health Sciences specialty, after acquiring Super Specialty degree with two research publications in the indexed journal;
- ii) the mentors who do not have teaching experience, should have undergone minimum one Basic Health Science Education Technology Workshop and one Research Methodology Workshop:

Provided that, the Vice-Chancellor shall have powers to relax this criteria of professional experience for mentor having excellent academic and/or clinical background and competencies.

8. Validation of Director, Course Co-ordinator and Mentor.-

- (1) As per the criteria prescribed by the University, the Training Centre shall recruit the required staff, such as Director, Course Co-coordinator and Mentor, for mentoring and conduct of the Fellowship and/or Certificate Course;
- (2) In order to get validation of eligible Director, Course Co-coordinator and Mentor in the concerned course, the Training Centre shall submit the proposal in the format in **Annexure "A"**, in the format as prescribed or notified and updated by the University from time to time. The applications received for Validation, shall be scrutinized and processed by the University and validation shall be issued accordingly to the eligible candidate(s).
- (3) The validation letter issued to eligible candidates shall include the following conditions, namely: -
 - (i) the Validation granted by the University shall be valid or in force for the specific period of appointment and for the particular course only, as mentioned in the validation letter, or till the candidate is in-service with the Training Center;
 - (ii) any information furnished by the affiliated Training Centre for validation of Director, Course Co-coordinator and Mentor is found incorrect, false

or misleading, the validation granted by the University shall stand cancelled and appropriate action shall be initiated;

- (iii) The Mentor shall be required to submit the Undertaking in the format [\(Annexure - A-1\)](#) as prescribed or notified or updated and published on website by University from time to time.

9. Process of recognition of Training Center.-

- (1) The Maharashtra University of Health Sciences affiliated colleges, University departments, recognized institutions, approved institutions, recognized hospitals and recognized health centers, recognized research center of MUHS may apply for starting of Fellowship and/or Certificate Course, if they fulfill the prescribed eligibility criteria.
- (2) The Institute, Hospital and Health Center or Research Center which is not recognized but willing to obtain recognition as Training Center shall forward an application in the format [\(Annexure-B\)](#) to the MUHS as prescribed or notified or updated and published on website by the University from time to time. The MUHS may appoint a committee of experts to verify the infrastructural facilities and teaching and non-teaching staff of the applicant Center. The rules prescribed by the MUHS elsewhere for opening of new college or recognized institution shall be applicable *mutatis-mutandis* for the opening of new Training Centre.

10. Process for first time Starting Course (existing approved syllabus) OR first time Starting New Course (not existing Syllabus) .-

(1) First Time Opening of Course (existing approved Syllabus).-

- (i) Planning Dept. may publish Notification on the official website of the University probably during the last week of February of every year for inviting the applications for Starting of New Fellowship /Certificate courses in the prescribed format [\(Annexure-B\)](#). The proposal should reach in University on or before the date prescribed by the University
- (ii) The Vice Chancellor have power to extend the date for acceptance of application on request.
- (iii) On receipt of application / proposal of various Institute / Training Centre(s), the University will scrutinize it through the Scrutiny Committee, nominated by the Vice Chancellor.
- (iv) Planning dept. will place the report of Scrutiny Committee before the Planning Board for further scrutiny & recommendation.
- (v) On the basis of recommendation of Planning Board, Vice-Chancellor may appoint local inquiry committee for further process.
- (vi) After receipt of report of the Local Inspection Committee it shall be placed before Academic Council for its consideration and further decision.

(vii) The decision of the Academic Council regarding approval or disapproval of first time affiliation shall be communicated to the concern Institute /Training centre.

(viii) The decision of the Academic Council shall be placed before the Management Council of the University for its information.

(2) Change of location and closer of Fellowship / Certificate courses

(i) Procedure for change of Geographical location :-

- a) The management of the existing recognized institution or training centre seeking transfer of geographical location of the concerned existing affiliated College or recognized Institution may apply to the Registrar of the University minimum three months before the preceding academic year from which transfer is sought.
- b) The Management of the concerned Society / Trust of the recognized institution or centre seeking transfer of geographical location of its existing affiliated College or recognized Institute, as the case may be, to another location shall apply to the University with following details :-
 - i) The reasons for transfer of geographical location of the affiliated College or recognized Institute, as the case may be;
 - ii) The resolution of management of the concerned Society / Trust of existing recognized Institute or Training Centre, for transfer of geographical location;
 - iii) The valid proofs, as per prevailing law, regarding ownership or possession, as the case may be, of the land of new geographical location where transfer is sought;
 - iv) A copy of the constitution of the body (management of the trust or society) together with the statement of its financial resources so as to prove that the body would be in a position to provide finances for the continued maintenance of its existing recognized Institution or Training Centre at new geographical location together with all existing liabilities;
 - v) The Management seeking transfer of geographical location shall furnish the details of the new assets and liabilities thereof its existing recognized Institution or Training Centre to be transferred at new geographical location and the conditions thereof;
 - vi) Undertaking of the President or Chairman of the management of the applicant trust or society regarding authenticity of documents of land, building, ownership, lease etc. submitted for Transfer of geographical location of its existing affiliated college or recognized institute.

- vii) The details of payment submission (online RTGS or NEFT) of necessary fees prescribed by the University from time to time for transfer of geographical location of existing recognized Institute or Training Centre.
 - viii) Any other information or document as the University may deem fit from time to time.
- c) After receipt of such proposal from the management seeking transfer of geographical location of its existing recognized institution or training centre it shall be scrutinized by the Planning Dept. The discrepancies will be communicated to the concerned management for fulfillment. The Planning Dept. shall verify the documents of ownership of land or lease deed etc. from the Law Department of the University.
 - d) After scrutiny of such proposal, if it is found that the proposal is completed in all aspects then it will be placed before the Planning Board with appropriate approval of the Registrar and the Vice-Chancellor as far as may be practicable within a period of two weeks from the date of receipt of complete proposal. If the meeting of the Planning Board is not scheduled then the circulatory agenda may be submitted to all the members of the Planning Board.
 - e) If such proposal is approved by the Planning Board, the Vice-Chancellor shall appoint Local Inquiry Committee to inspect necessary infrastructural facilities available at the new geographical location where the concerned management is seeking transfer of its existing recognized Institute or Training Centre as the case may be. The letter to the members of the Local Inquiry Committee will be sent by the Registrar along with Performa of inspection to be filled in by the Local Inquiry Committee and necessary or specific instructions, if any. As far as may be practicable, the Committee shall inspect and submit its report within a period of two weeks from the date of receipt of letter.
 - f) After receipt of the report of the Local Inquiry Committee, it will be placed before the Academic Council along with original proposal and the report of the Local Inquiry Committee. The Academic Council will consider the proposal and pass necessary resolution regarding recommendation of the proposal and may impose any condition(s).
 - g) The recommendation of the Academic Council will be placed before Management Council for information and the decision of Academic Council will be communicated by the University and shall issue the letter of permission regarding geographical transfer of concerned recognized Institution or Training Centre from one location to another location. The copy of said permission letter will be submitted to all University Departments and the applicant management.
 - h) The management of the affiliated College or recognized institution shall be permitted to transfer the geographical location only after receipt of permission of the University and

prior transfer shall be treated as invalid and default and the University may initiate suitable action against such defaulter recognized Institution or Training Centre.

(ii) Fees for Transfer of Geographical Location.

The fees for transfer of geographical location of any existing recognized institute or training centre shall be as prescribed by the University from time to time.

3) Closure Procedure for Fellowship/ Certificate Courses :-

The Management desirous of closing down the College or recognized Institution shall apply to the University on or before the first day of August of the preceding year, stating fully the grounds for closure, and pointing out the assets in the form of buildings and equipments, their original cost, the prevailing market value, admitted students and the grants so far received by it either from the University Grants Commission, the University or Government or from public funding agencies.

- (a) Application shall scrutinize by the Planning Dept. incase of any shortcoming, the same shall be communicated to the recognized Institute or Training Centre.
- (b) The recognized Institute or Training Centre shall submit the assets in the form of buildings, equipments, their original cost, the prevailing market value, admitted students and grants on bond paper as prescribed by the University.
- (c) Planning Dept. shall scrutinize the proposal, submitted by the centre and place its report before the Planning Board.
- (d) The Vice-Chancellor shall appoint the committee for inspection of available building, equipments, admitted students, grants and students presenting their studies shall submit its report to the Planning Board.
- (e) Planning Board shall submit its report to the Academic Council for taking appropriate decision and to the Management Council for information.

4) Fees Structure (Recognition of Institute or Training Centre and Starting of New Fellowship /Certificate Courses). The amount of Fees for Recognition of Institute or Training Centre and Starting of New fellowship / Certificates Course(s) shall be as prescribed by the University, from time to time.

5) Miscellaneous:-

- a) The Vice-Chancellor may, at any time, without giving notice, amend, alter or repeal any provision of these rules.
- b) The decision of the Vice-Chancellor shall be final and binding in case of interpretation or difficulty in implementation of any rule in this regard.

6) First time starting new course (non existing syllabus).-

The MUHS recognized Training Centre or an individual desirous to start or to institute the new Fellowship and/or Certificate Course (non existing Fellowship and/or Certificate Course) may submit the application in the format (**Annexure-C**) and fees as prescribed or notified or updated and published on website by the University from time to time.

While proposing to institute the proposed course, applicant shall ensure about the feasibility of the proposed course in light of following points; -

- a. the medical and social need;
- b. the need of academics;
- c. nomenclature of the course (non- duplication with existing U.G., P.G., or any other course approved by the University or the concerned Central Council / Commission;
- d. legal and ethical issues regards to given course;
- e. novelty of the proposed course;
- f. academic policy of the University and the respective Central Council / Commission;
- g. submission of the syllabus in the format prescribed by the University;
- h. feasibility of institutionalizing the Fellowship and/or Certificate Course.

- (i)** The Training Centre or individual whosoever desires to institute the new Fellowship and/or Certificate Course, other than the existing Fellowship and/or Certificate Course, shall submit the curriculum and programme contents, complete in all respects, covering following points, along with the fees, as may be prescribed or notified by the University, from time to time, namely:-

the application to be submitted in both, hard copy and soft copy, in MS word editable format of font size : Arial 12.

A new Fellowship and/or Certificate Course Curriculum and Content shall be in the prescribed format, covering all the aspects and sequence as prescribed or may be updated and notified by the MUHS, from time to time.

- (ii)** The MUHS shall primarily scrutinize the proposal and sent to the expert(s). Names of the experts shall be chosen from the list/panel prepared by the University. The recommendation thus received from the

expert(s) shall be placed before the concerned Board of Studies; and the Faculty of respective discipline, for necessary approval or further recommendations. The Syllabus or Curriculum approved by the Board of studies and the faculty, along with their suggestions or recommendations, if any, shall be placed before the Academic Council for consideration and final approval. The Syllabus or Curriculum approved by the Academic Council shall be communicated to the concerned training center or institution and the concerned departments, under the signature of the Registrar and accordingly, it shall be placed before the Management Council for perusal and information periodically.

- (iii)** The MUHS shall upload such newly approved syllabus or curriculum of the Fellowship and/or Certificate course on the University website for information to all the concerned.
- (iv)** The Expert(s), whose expertise has been sought by the MUHS for the above mentioned work shall be paid the remuneration for the opinion, comments or recommendations, as may be prescribed or notified by the MUHS, from time to time.
- (v)** Notwithstanding anything contained in the above provisions, considering the exigencies of time and in the light of comments received from the expert(s) regarding the new syllabus, the Vice-Chancellor shall have power to approve the proposal received for new syllabus. In such case at the earliest opportunity the said syllabus shall be kept before the concerned Academic Authorities for post facto approval and sanction.
- (vi)** Once the new syllabus (non existing) is approved, the desirous Training Centre need to apply in the prescribed format (**Annexure - "B"**) as mentioned above for the first time grant of affiliation and/or recognition, starting of Fellowship and/or Certificate course.

11. Requirements of in-house facilities for starting or conducting the Fellowship and/or Certificate course:-

- (1) Any institution desirous of starting the Fellowship and/or Certificate course shall have the required teaching and infrastructural facilities as prescribed or as may be notified by the MUHS for the particular Course.
- (2) **Facilities. -**
A Training Centre desirous of starting the Fellowship and/or Certificate Course should have following in-house facilities, -
 - (i)** ample skill enhancing, teaching and training facilities in terms of sophisticated instruments, equipments, clinical and non-clinical laboratory facilities for the admitted student(s), as per the course requirements.

(ii) Hospital. -

- a) For Fellowship and/or Certificate course requiring Indoor Patient Department should have minimum 100 beds for Medical, Nursing and Allied faculty, 50 beds for *Ayurved* faculty, 25 beds for Homoeopathy faculty and 25 Dental Chairs for Dental Faculty, with minimum 20% beds or chairs dedicated to the concerned speciality, for minimum Intake Capacity of 5 students, as applicable. This requirement shall be proportionately increased by 20% for every additional Intake of 02 students;
- b) the ratio of I.P.D. and O.P.D. patients in the concerned speciality, as to the number of students to be admitted to the concerned Fellowship and/or Certificate Course and the clinical workload wherever applicable, shall be as follows, -
 - (i) ***Inpatient turnover.*** - Not less than 5 new patients, per day, or as prescribed or notified for the concerned Fellowship and/or Certificate course.
 - (ii) ***Outpatient turnover.*** - Not less than 20 new patients, per day, or as prescribed or notified for the concerned Fellowship and/or Certificate course;
- c) the Training Centre shall provide required infrastructure and supporting administrative and research promotion facilities, the adequate facilities for research. In case of specific discipline, exclusive research laboratories equipped with sophisticated equipment and instruments, as may be required, along with computer facilities and essential software, library for reading, writing and storing study and research materials; and an uninterrupted power and water supply and any other such facility, as may be prescribed or notified by the MUHS, from time to time;
- d) if the course is in any specialty related to Imageology, it should include the modalities of investigations, such as X-Ray, Ultrasound, CT Scan, MRI, etc., and imaging procedures per month should be at least 250;
- e) if the Course is in any specialty related to day- care procedure, outpatient turnover should not be less than 50 old cases and 10 new cases related to such course.

12. ***Intake Capacity,-***

- (1) There shall be maximum intake capacity as may be prescribed by MUHS for the concerned Fellowship and/or Certificate Course. The Intake Capacity shall normally be decided by the Academic Authorities of the MUHS on the basis of available Mentor : Student

ratio and Students : Hospital beds ratio, as prescribed in the below mentioned ratio chart or as may be updated and notified by the MUHS, from time to time;

- (2) In case, the intake capacity, if any, prescribed or notified for a particular Fellowship and/or Certificate course by the State Government by issuing the Government Resolution, then it shall be applicable to the concerned course of that Training Centre only;-

Fellowship and/or Certificate course Mentor : Student Ratio Chart

Sr. No.	Name of the Faculty	Mentor : Student Ratio (as below or as may be prescribed or notified by the University time to time)
1	Medical	1:3
2	Dental	1:5
3	Ayurved and Unani	1:7
4	Homoeopathy	1:7
5	Allied	1:7

- (i) while determining the final Maximum Intake Capacity, the MUHS shall consider the availability of Mentor, the designated Hospital and the number of beds. Wherever, the indoor facility (I.P.D.) is not applicable, then the Student to Patient ratio as 1:20 shall also be taken into consideration to determine the maximum intake capacity for the academic year in the concerned discipline of Fellowship and/or Certificate course in the Health Sciences speciality;

- (ii) in an exceptional circumstances, the Vice-Chancellor shall have power to increase the Maximum Intake Capacity of the particular course. However, considering the merit and genuiness of the matter, the Vice Chancellor may increase or decrease the Intake Capacity for the Fellowship and/or Certificate course. In such case, he shall record his reasons in writing and at the earliest opportunity the same shall be brought to the notice of the concerned Academic Authority for further needful action.

13. Time schedule of administrative procedure. -

The time schedule for the complete administrative procedure for overall conduct of Fellowship and/or Certificate course shall be as may be notified and updated by the MUHS, from time to time.

14. Application procedure for continuation of affiliation and/or recognition to Training Centre. -

(1) Procedure. -

- (i) The affiliated Training Centre shall have to apply for the continuation of affiliation for the Fellowship and/or Certificate Course every year in the prescribed format in **Annexure – “B - 1”** along with prescribed fees to be paid through Online Payment Gate way / NEFT / RTGS ;
- (ii) the University may charge late fee in respect of the proposal submitted or received after the due date. The amount of late fee shall be as fixed and notified by the MUHS, from time to time;
- (iii) Affiliated Training Centre, shall take the feedback from the passed students and prepare the outcome analysis report. It shall be the duty of Affiliated Training Centre to submit the same as and when asked by MUHS;

(2) Facilities. -

The teaching and infrastructural facilities required at affiliated Training Centre for continuation of affiliation for conduct of Fellowship and/or Certificate Course shall be as prescribed under the foregoing section 11.

(3) Inspection by MUHS, -

The Local Inspection Committees (L.I.C.) may be appointed by the MUHS for affiliated Training Centre to verify the infrastructural facilities and teaching and non-teaching staff of the Training Centre, or as and when the MUHS deems fit or at least once in three years or for the period as may be decided by the MUHS from time to time.

The procedure of appointment of the L.I.C. and powers and duties thereof shall be as enumerated in the foregoing provisions.

However, as deemed fit, MUHS shall have right to carry out routine or surprise inspection of the affiliated Training Centre at any time.

Explanation.- The provisions made elsewhere by the MUHS in respect of Local Inspection Committee (L.I.C.) and its code of conduct shall be applicable as far as practicable to the process of institution's recognition and or continuation of Affiliation for affiliated Training Centre,.

15. Admission procedure .-

- (1) The MUHS shall prescribe or notify the criteria and instructions for admission and shall publish the admission Notification for Fellowship and/or Certificate Course(s), from time to time. The MUHS shall conduct Centralized Online Admission Process as notified by the MUHS, from time to time. The number of

seats available for various Fellowship and/or Certificate Courses shall be decided after getting the information about the eligible Mentors from the recognized Training Centers,-

- (i) the affiliated Training Centre may be allowed to admit students or candidates to the Fellowship and/or Certificate Course at their level by adopting due procedure prescribed or notified by the MUHS, only if, it is so allowed by the MUHS for the particular Academic year by considering the vacancy position. In such event, the MUHS may issue a necessary notification to fill up the vacant seats at Affiliated Training Center. However, the affiliated Training Centre may publish the advertisement, as per the format approved by the MUHS, in local newspaper or on their website. If any affiliated Training Centre desirous to publish the advertisement, other than the format approved by the MUHS, in local news paper or other media, then the Training Centre shall take prior permission from the MUHS and shall comply with the directives given by the MUHS, in this regards;
- (ii) the admission of the students or candidates for the concerned course shall be carried out on the basis of merit. Admission Counselling round, joining of candidates shall be made at respective affiliated Training Centre. The Training Centre shall follow the time schedule, as prescribed or notified by the MUHS, from time to time;
- (iii) the Training Centre, which has been granted continuation of affiliation or first time affiliation shall be eligible and entitled for making admissions of the candidates to the concerned course up to the sanctioned intake capacity only, by adopting the due procedure prescribed or notified by the MUHS, from time to time.
- (iv) The student shall not be eligible for re-admission to the same Fellowship/Certificate course to same/another Mentor or Training Center after passing the concerned Fellowship/Certificate course; in any case.

(2) Time Schedule of admission Process, -

The time schedule for the admission process Fellowship and/or Certificate Course shall be, as prescribed or notified by the MUHS, from time to time.

(3) Merit Criteria, -

The Centralized online allotment process for admissions to fellowship and/or certificate course shall be carried out by the University on the basis of merit criteria as prescribed below, namely:-

Sr. No.	Course Eligibility Criteria	Maximum Marks Weightage Criteria
1	M.CH./D.M.	400 Marks – for Super Specialty Degree; 300 Marks – for Post -Graduate Degree; 100 Mark – for Under-Graduate Degree; (as per Weightage of U.G. Degree percentage)
2	M.D./M.S./D.N.B./F. C.P.S.	300 Marks – for Post-Graduate Degree; 100 Mark – for Under-Graduate Degree; (as per Weightage of U.G. Degree percentage)
3	P.G. DIPLOMA	200 Marks – for Post-Graduate Diploma; 100 Mark – for Under-Graduate Degree; (as per Weightage of U.G. Degree percentage)
4	M.B.B.S. / B.D.S. / B.A.M.S. / B.H.M.S. or Equivalent	100 Mark – for Under-Graduate Degree; (as per Weightage of U.G. Degree percentage)
5	12 th Science or Equivalent	100 Mark – for 12 th Science Mark list (Weightage = percentage of 12 th marks obtained by applicant) CGPA converted to equivalent percentage.

- (1) Applicant passed final year P.G. examination in first attempt shall be awarded with 300 marks. For any extra attempt taken by the applicant to pass the said examination 50 marks shall be deducted for each such an attempt.
- (2) Weightage of U.G. Degree shall be calculated on the basis of Percentage of marks obtained by the applicant in **Final Year of UG examination (Part-I + Part II)** or as the case may be.
- (3) If the graduate examination mark list or the degree specifies the performance in grades then in such cases the respective grades shall be converted into maximum marks of the grade category as prescribed or notified by the concerned examination body.
- (4) Seat allotment priority will be followed as per the MUHS policy.

- (5) Candidate(s) who have Domicile certificate of the State of Maharashtra shall be given priority in the admission process. Thereafter, the Candidate(s) who are non-domicile of Maharashtra may be considered for the admission process as per merit.
- (6) With respect to Allied faculty, 50% of the available seats at the All India Institute of Physical Medicine and Rehabilitation, Mumbai, being a Central Government's institute, shall be reserved for all India quota.
- (7) In case of candidates passed from Government or aided or Corporation's College or Armed Forces college or Institute and those required to complete their Bond Service shall have to submit the Bond completion certificate. It shall be the duty and entire responsibility of the concerned Dean /Principal/ Director of college /Institute /affiliated training institute to check, verify and decide on the issue of the conformity of Bond completion certificate, as per the policy of the Government of Maharashtra or D.M.E.R., Mumbai as applicable in the concerned case.
- (8) Wherever, there is a tie in the marks obtained by the candidates, the total percentage of marks obtained by the candidates in the 12th standard examination shall be considered and accordingly the candidate with higher marks shall be given preference in the merit list as per below marking Criteria. If still the tie persists, then the candidate with higher age shall be given preference in the merit list.

(4) Appointment of Observer. -

Wherever necessary, the University may appoint an Observer, who shall monitor and supervise the admission procedure conducted by the concerned Training Center. He shall submit his report regarding overall conduct of admission process. Any Travelling Allowance and Daily Allowance incurred by such Observer shall be paid by the University.

(5) Declaration of allotment list

The MUHS shall declare the result of admission or counselling process for the candidates, on the MUHS website.

16. Verification of eligibility of student. -

- (1) The eligibility criteria of the student, for seeking admission to the Fellowship and/or Certificate Course shall normally be the post graduate qualification in the respective Health Science's discipline. However, considering the resolutions of

the Academic Authorities, the same may be accordingly prescribed or notified by the MUHS and shall be published in the Syllabus of the concerned course.

- (2) The Training Centre shall submit each admitted candidate's Eligibility Form, along with the notified fees and administrative charges 25% thereof, per student to the MUHS. The cutoff date for the admission of the candidates for all Fellowship and/or Certificate Courses shall, as may be notified or updated and published on website by the MUHS, from time to time. It shall be mandatory to the Training Centre to submit the list of admitted candidates or students to the eligibility department of the MUHS, within the cutoff date, as notified or updated by the MUHS from time to time, by e-mail or fax up to 12:00 at midnight, or submit by-hand in the MUHS office during office hours. The eligibility department shall process the application received for eligibility purpose, and communicate the list of eligible candidates or students to the concerned Training Centre, under intimation to the examination section of the University, so as to generate the PRN (Permanent Registration Number). The eligibility section may issue separate Circular or Notification regarding submission of eligibility form or application. Considering the circumstances, the MUHS shall have power to extend the last date of admission of students and the last date of submission of the eligibility form or application.

17. Fees Structure.-

(1) Fees to be deposited at MUHS :

The amount of Fees to be paid by Training Centre for mentoring at Fellowship and/or Certificate Course and by the students admitted to the Fellowship and/or Certificate Course shall be as prescribed or notified by the MUHS, from time to time, as mentioned below,-

- i. **Affiliation Fees :**
 - 1) First time affiliation fees and institution recognition fees;
 - 2) Continuation of affiliation fees, to be deposited every year;
- ii. **Administrative Charges:** Administrative Charges as notified by the MUHS shall be paid from the collective tuition fees of all students admitted to the Fellowship and/or Certificate Course at every Training Centre, for utilization to meet the expenses incurred on monitoring of said Course.
- iii. **Eligibility fees:** In order to have some sort of control of the MUHS on the students' enrollment process and to have proper enrollment of the admitted

students, the MUHS shall process and accord eligibility to students by charging student wise amount of eligibility fees as notified by the MUHS from time to time.

- iv. **Examination Fees:** The candidates, who have been granted enrollment by the MUHS, shall only be eligible to appear in the MUHS examinations; provided that, the candidates submit examination forms to the MUHS along with requisite fees within stipulated time, through the Training Centre. In case, if any candidate is declared failed in the MUHS examination, then such candidate shall be required to re-appear in the MUHS examination as a repeater candidate; provided, the candidate submits examination form within the stipulated time through the Training Centre along with requisite fee, as prescribed or notified by the MUHS, from time-to-time.

(2) Fees to be deposited at Training Centre:

The amount of Fees to be paid by the student at Training Centre for the purposes of overall education, learning skills, curricular and extracurricular activities to be performed at Fellowship and/or Certificate Course shall be, as notified by the MUHS, from time to time and the same shall be published in the respective Course curriculum of the concerned Fellowship and/or Certificate Course. No Training Centre shall charge any extra fees or charges without prior approval of the MUHS.

(3) Refund of Fees:

In case of cancellation of admission, refund of fees, if any; shall only be considered and processed as per the decision of the MUHS authority, from time to time. The Candidate who has confirmed his admission by joining and/or depositing fees at concerned affiliated Training center, may cancel admission by submitting an application and may request for the refund of fees. The refund of fees to Candidate admitted for any of the Courses shall be made after deduction as under,-

In case of cancellation of admission, refund of fees, if any; shall only be considered and processed as per the decision of the University authority from time to time.

The Candidate(s) who has confirmed/retained his / her admission and joined at concerned affiliated Training center(s) may cancel admission by submitting an application in the format as **Annexure – “D”** prescribed or notified or updated and published on website by MUHS and may request for the refund of fees. The refund of fees to Candidate(s) admitted for the all Course(s) shall be

made after deduction as under or as prescribed or notified by the MUHS, from time to time.

Sr. No.	Period of Cancellation	Permissible Deductions
1.	From Date of Joining – Upto 1 month	10%
2.	Within 1-3 months from the date of Admission	25%
3.	Within 3-6 months from the date of Admission	50%
4.	After 06 months from the date of Admission	No refund

The library deposit and caution money, if any; shall be refunded by the concerned Training Centre(s)/College/ Institute after successful completion of the Course. Any damage, breakage or loss during use or custody of Candidate(s) shall be recovered from the Candidate(s).

18. Credit Based System,-

- (1) **It shall be mandatory** for the student to acquire a total of 20 credits or as may be defined by the University from time to time, to become eligible for the certifying examination of the Fellowship programme conducted by the University. The student shall have to maintain the logbook in the format as **Annexure – “E”** prescribed or notified or updated and published on website by the MUHS, from time to time. He shall have to record entries of all the required work done in the said logbook. The breakup of credits to be acquired is as follows, namely:-

a) Participation in Academic Activities: 05 credits

To acquire academic excellence as required by the Course, the student shall actively participate in teaching-learning activities such as clinical, clinico-social or clinico-laboratory case reviews, journal article reviews, book reviews, seminars, lectures, practicals, group discussions, community or field visits, assignments and participation in teaching activities. The student shall be awarded the credits after completing the relevant academic activities as needed by the programme. The student shall maintain minimum of 80% attendance in these activities during the course;

b) Clinical and Para Clinical Activities: 06 Credits

To acquire the relevant skills as defined by the Course to be a competent professional, to get sufficient hands on training, student shall attend the relevant clinical and para clinical activities in the hospital such as out patient care, inpatient care, emergency hospital services, grand rounds, clinics, laboratory, experimental and community based assignments, hospital administration, medico-

legal and need based assignments, etc., during the course, as prescribed by the department and shall maintain a minimum of 80% attendance in these activities. The student shall be awarded credits after completing relevant clinical and para clinical activities as needed by the course;

c) Attending Conference and presenting paper: 04 Credits

In the tenure of Course, it shall be essential for each student to attend at least one International, National, State Level Conference, Workshop or C.M.E. in the concerned subject or topic of Fellowship and/or Certificate course, or wherever during the Fellowship and/or Certificate course period shall present a paper in it. If the Conference is not obtainable or available in the subject of Fellowship and/or Certificate course, then conference in parent or allied subject may be considered. The Candidate shall be required to produce the Certificates in this regard to the concerned Training Centre and subsequently it shall record the entries of the same in the Log book maintained by the concerned student;

d) Research Activity: 03 Credits

To acquire the research competencies as defined in the course the student shall actively participate in planning and implementing a short term research project related to the programme area, to be completed successfully within the course tenure, under the guidance of the Mentor. The student shall be awarded the credits after completing the relevant research activities as needed by the course, including the publications;

e) Monitoring Progress: Log book – 02 Credits:

Every student shall maintain a Log book and record his participation in the all relevant academic, clinical and research activities as required by the Course. The work diary shall be scrutinized and certified by the Head of the Department and Head of the Institution. Further it is to be submitted to the University for review and it shall be made available to the observers or examiners for verification and evaluation at the time of examination;

- (2) Definition of Credits:** credits denote workload of a learner and are an index of the number of hours spent for learning. These include a variety of learning activities like reflecting, discussing, attending lectures and counseling sessions, making videos, clinical work, self-study, writing assignments, preparing for examinations, etc. 1 credit shall correspond to approximately 30 learning hours.

- (3) The Academic Bank of Credits (ABC) Scheme, as envisaged in the National Educational Policy-2020 shall be applicable to the all concerned and accordingly the Credit Based System policy of MUHS shall be amended and made applicable from time to time.

19. Conduct of University final examinations.-

- (1) The University shall publish a Circular under which schedule of conduct of examination shall be notified along with schedule for submission of examination forms. The Training Centre shall submit the examination forms of the eligible students who have minimum 80% attendance, along with prescribed or notified fees to the University within the stipulated time along with eligibility letter issued by the MUHS.
- (2) All the affiliated training centers shall check the entries recorded by the student in his/her Logbook and accordingly shall issue the Course Credential and exam eligibility of the student to appear for the MUHS final examination, subject to fulfillment of the conditions as may be prescribed or notified by the University Examination Department.
- (3) Hall Tickets shall be issued by the MUHS to the concerned Training Centre (TC). It shall be mandatory for the Training Centre (TC) to distribute hall ticket to the respective student who fulfills eligibility criteria prescribed or notified by the MUHS, to appear for the MUHS examination.
- (4) The MUHS Final Examination of each course shall be conducted at the end of tenure, prescribed or notified or updated and published by the MUHS. The examination for the course shall be conducted by the respective Training Centre (TC) permitted to conduct the course; provided that the MUHS may depute an observer to supervise the conduct of examination by such Training Centre (TC) as and when required.
- (5) Criteria for appointment of the Examiner,- Any Mentor, who possesses minimum 05 years of clinical standing or teaching experience in the concerned subject of Fellowship and/or Certificate course, shall be eligible to act as an examiner. It shall be mandatory for the Training Centre to submit course-wise list of Mentor in the first week of November so that it will facilitate for preparation of panel of examiners. No Mentor shall claim appointment of examiner ship as a matter of right. However, in case of non-availability of examiner for conduct of examination, the Pro -Vice Chancellor or the Dean of the Faculty may recommend to relax criteria of examiner for any particular course, as a special case.

- (6) Panel of examiners for conduct of the MUHS Final Examination of Fellowship and/or Certificate Course shall be prepared by the respective Dean of the Faculty and the Pro-Vice Chancellor from list of Mentors submitted by the affiliated Training Centers, which shall be duly approved by the Board of Examinations.
- (7) The MUHS shall appoint one internal examiner from the concerned Training Centre (T.C.) and one external examiner from other affiliated College or Hospital or Recognized Institutions or Training Centers of the same subject for conduct of MUHS Final examination. However, in case of non-availability of examiner or in case of any technical or administrative issue arising in respect of appointment of Internal or External Examiner, the MUHS shall appoint the Internal or External Examiner from another college or Recognized Institution, as deemed fit by the MUHS.
- (8) In case of refusal of appointment by any examiner appointed by the MUHS, the concerned Training Centre (TC) shall approach the Examiners empaneled in the Panel of examiners, which shall be provided by the MUHS to the Training Centre (TC). Based on the consent given by the examiner, the Training Centre shall submit a proposal of appointment of Substitute Examiner in the prescribed or notified format in **Annexure – “F”** for approval of the MUHS. On receipt of approval by the MUHS, the Training Centre shall conduct MUHS examination.
- (9) Both, the internal examiner and external examiner shall jointly prepare a common Result Mark-list of the MUHS examination in Duplicate carbon copy, which shall be duly signed and sealed by the both the examiners. The internal examiner shall submit two separate sealed envelopes (Original copy for the MUHS and Duplicate copy for the Training Centre) of the MUHS Examination mark-lists to the Head of Institution. Original sealed result mark-list envelope shall be submitted by the Training Centre or College through its representative to the MUHS within 03 working days after completion of Final Examination.
- (10) Duplicate Carbon sealed copy shall be retained by the Head of Institution for a period of One Year from the declaration of result. In case of any discrepancies or loss of original mark-list, the MUHS shall call for Duplicate sealed copy from the respective Training Centre. The Controller of Examinations shall have an authority to open Duplicate sealed copy and it shall not be opened by the College or institution.
- (11) Expenses for conduct of Examinations shall be borne by the respective affiliated training center as per the rates prescribed or notified by the MUHS for the Postgraduate Practical Examination.

(12) For preparation purpose, Training Centre may carry out Internal Theory and/or Practical examination at their level as per the similar scheme of examination designed by the MUHS. Records of such Internal Theory and/or Practical examination at their level shall be kept at Training Centre for the period not less than 04 years from the date of Internal Examinations.

20. Scheme of Examination for conduct of MUHS Final Examination of Fellowship and/or Certificate Course:

There shall be a one Clinical-based examinations as may be prescribed or notified and published by the University. Normally the Examination for 100 marks, to be conducted by the examiners as per following pattern, namely:-

All Faculties (except Dental Faculty):

01	Long Case	30 Marks
02	Short Case	20 Marks
03	Research Presentation or Project, etc.	20 Marks
04	Skill Evaluation	30 Marks
Total		Max. 100 Marks Min. 50 Marks

For Dental Faculty Only,-

01	Case History, Diagnosis and Treatment Planning	30 Marks
02	Clinical Skill i. Surgical Skill or Operative Skill ii. Restorative Skill or Prosthetic Skill	30 Marks 20 Marks
03	Research Presentation or Project	20 Marks
Total		Max. 100 Marks Min. 50 Marks;

- i) cases shall be jointly allotted by the Examiners to the examinee and it shall be jointly evaluated by the Examiners. The design of Long or Short Case shall be decided by the Examiners as per the course content, having relevance to the subject of Fellowship and/or Certificate Course to be assessed;
- ii) research or project case study or Projects such as Poster Presentation, Scientific enquiry, Innovation, etc. (as applicable) shall be jointly examined by the examiners as per the course content;
- iii) skill evaluation shall be on course content of Fellowship and/or Certificate and it shall be jointly evaluated by the Examiners;
- iv) for the award of Certificate, a candidate should secure minimum 50% marks of Grand Total in Final Examination of Fellowship and/or Certificate Course;

- v) any candidate who has filled examination form, but remains absent for the University Examination, attempt of such candidate shall not be taken into consideration for computation of number of attempts; however, such candidate shall be treated as a repeater candidate.

Note: Any candidate who is declared failed shall be permitted maximum two additional attempts to pass the University Examination. Further, any candidate who is admitted in the course has to pass the University examination within the period of three years irrespective of number of attempts. Thereafter, enrollment of such candidate shall be deemed to be cancelled and the Training Centre shall not permit such candidate to appear for the MUHS examination.

21. Declaration of result and issuance of Mark-sheet. -

On receipt of result prepared by the Examiners, the MUHS shall declare the result on its official website. No separate communication shall be made by the MUHS in this regard. The Statement of Mark-sheet shall be issued by the MUHS to each candidate through its Training Centre. The MUHS shall also issue a copy of Examination-wise Ledger to the concerned Training Centre that reflects performance of the candidates in the MUHS examination, which shall be maintained by the Training Centre for their permanent record.

22. Issuance of duplicate certificate and/or Name correction. -

Issuance of duplicate certificate shall be processed as per the policy and existing rules of the MUHS. Decision of the MUHS in this regard shall be final and binding.

23. Issuance of Fellowship and/or Certificate course Completion Certificate. -

The candidates who have been declared pass in the MUHS examination, a Certificate duly signed by the Competent Authority shall be issued by the MUHS to the successful candidates.

24. Procedure for hearing.-

The rules prescribed or notified elsewhere by the MUHS in view of hearing to decide upon the compliances or issues arising in respect of grant of continuation of affiliation or recognition shall, *mutatis-mutandis*, be applicable to the training Centre's procedure of hearing.

25. Procedure for withdrawal and closure of affiliated Training Centre conducting Fellowship and/or Certificate Course shall be as follows, namely:-

- (a) Withdrawal of Affiliation University may withdraw the affiliation, part or full, granted to any of the affiliated training centre, if the concerned affiliated training centre does not fulfill the minimum standards and requirements as prescribed or notified by the MUHS time to time;
- (b) if an affiliated Training Centre wants to close the particular course of the Training Centre, then the Training Centre shall be required to follow strictly the directives prescribed or notified by Planning Department of the MUHS from time to time;

(c) while exercising the Procedure for withdrawal and closure of affiliated Training Centre conducting Fellowship and/or Certificate Course the MUHS shall preserve the Academic Interest of the Student or Candidate, and his performance in pursuing the course at the concerned training centre. In such circumstances, to avoid academic loss of the admitted students or candidates the University shall have right to transfer such admitted students or candidates to the nearby affiliated training center, considering the availability of vacancy of the concerned fellowship and/or certificate course.

26. Miscellaneous .-

(1) Every Affiliated Training Center, within a period of 02 years from the date of issuance of this Ordinance shall get itself certified from the National Accreditation Board for Hospitals and Healthcare Providers (N.A.B.H.).

(2) It shall be mandatory to have a Bio-matric Attendance system or the procedure as may be advised by the MUHS for daily attendance of the students and all the teaching and non-teaching staff.

27. Matters which are not specifically covered in the sections herein above and if any query regarding the interpretation of any provision of this Ordinance arises, then it shall be finally decided by the Vice-Chancellor and the decision of the Vice-Chancellor shall be final and binding.

Date: -07/10/2022

**Registrar
Maharashtra University of Health Sciences, Nashik**

Place: - Nashik

Annexure – “A”

[See section 8 (2)]

The details of each faculty (Director/ Co-ordinator/ Teaching staff / Medical Profession / Consultant/ Mentor) appointed for the Fellowship and Certificate programme(s) along with its supporting documents & to be submitted along with list of Teaching staff.

01.	Name of Faculty/Teacher	:	
02.	Date of Birth	:	
03.	Address	:	
04.	Tel. No./ Mob. No.	:	
05.	e-mail id	:	
06.	Nationality	:	
07.	Qualification in details (attached document proof)	:	
08.	Teaching experience/ Medical Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	
09.	Present Appointment	:	
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	
12.	Any other relevant information	:	

Date :-

Sign. of Teaching Staff

Countersigned & Stamp by Head of Institute

Date :-

Sign. of Head of Institute

UNDERTAKING
(See section 8 (3) (iii))

(to be submitted with Annexure – “A”)

I _____, Aged _____ yrs,
Residing at _____
possesses experience as under :

Sr. No.	Name of College	Affiliated to (Name of the University)	Post and Subject	Experience	
				From	To
1					
2					
3					
4					

I humbly state that, the above said experience is valid and legitimate. If any doubt or complaint arises with regard to the authenticity of the said experience, I personally should be held responsible for it. The Maharashtra University of Health Sciences, Nashik is no way concerned with it. I shall co-operate with the enquiry and stand ready for the legal proceedings, if any.

I have attended the interview at _____ (Name of the College), on _____ (date), for the post of _____ (post), in the subject _____ (subject).

I am submitting this undertaking for the Maharashtra University of Health Sciences, Nashik to consider the proposal and accord approval to the appointment made on the post of Mentor/Consultant on the basis of above said experience in the concerned field. _____ (Name of the College). I understand that, the University is at liberty to withdraw / cease the approval so granted, if any complication arises with regards to the validity of the said experience.

I am submitting this undertaking on my own and without any pressure or interference.

Date :

Place:

Signature

(Name :.....)



Maharashtra University of Health Sciences, Nashik
Application for Recognition and Starting of New Fellowship / Certificate course
(To be submitted to Planning Board Department)

Faculty :-

1. The Management /Institute /College /Training Centre/ Hospital / University Department shall submit the application in the prescribed format to the Registrar, Maharashtra University of Health Sciences, Nashik – 422 004, **on or before _____ for Academic Year _____**, along with D.D. / RTGS / NEFT / University E-payment Gateway drawn in favour of **The Registrar, Maharashtra University of Health Sciences, Nashik** on any Nationalized Bank & payable at Nashik.
2. Read the ‘Rules and Regulations’, carefully before filling the application, as laid down in the University Direction No. 05/2017.
3. This is general application format. However, if applied for any specific faculty (e.g. Yoga Therapy) the institute shall attached separate sheet(s) regarding available training facilities.

To,

The Registrar

Maharashtra University of Health Sciences,
Mhasrul-Dindori Road,
Nashik – 422 004.

Sir,

I am / We are herewith submitting the application with a request, as per provisions of the University No. 05/2017, for Recognition of Institute / College /Training Centre/ Hospital / University Department for starting Fellowship / Certificate Course from the academic year _____, as perthe following details.

1. Name of the fellowship/certificate course(s):-
(Separate application shall be submitted for each course)
2. Intake capacity
(Mentor: Student Ratio- Medical-1:3, Dental-1:5, Ayurved, Homoeopathy, Nursing & Physiotherapy- 1:7)
3. Name and address of the Management /Institute /College /Training Centre/ Hospital:
.....
.....
..... PIN code :
Phone No. (O): Mobile No.....
Email Address:
4. Name of Director / Dean / Principal:.....
E-mail ID..... Mobile No.....
5. Name of the Fellowship / Certificate Course Co-ordinator.....
E-mail ID..... Mobile No.....
6. Fees Details:-*(Institute Recognition Rs.2,00,000/-and Starting of New Fellowship/Certificate Course Rs.50,000/-per course.)*
 - i) Name of the Bank :
 - ii) Paid by NEFT / RTGS / D.D. No / Pay online :date.....
 - iii) Amount Rs (Please attached NEFT / RTGS/ Pay online receipt)

Sign of Director / Dean / Principal

PART – I
(INSTITUTIONAL INFORMATION)

1) Particulars of Director / Dean / Principal: (Who so ever is Head of Training Centre)

Name:..... Age:.....(Date of Birth).....

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized				

Teaching Experience:-

Designation	Institution	From	To	Total Exp.
Asst. Professor				
Asso. Professor / Reader				
Professor				
Any Other				
Grand Total =				

2) Society / Institution / College, Registration Number and date:

a	Public Trust Act 1950:	
b	Society's Registration Act.1860:	
c	Any other Registration	
d	Year of establishment:	
e	Copies of Registration, Constitution and Memorandum of Association attached?	Yes/No Mark as Appendix 'A'

3) Hospital Information:

(It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)

a	Name of the Hospital	
b	Nursing Home Registration No. & Date	
c	Establishment Year	Mark as Appendix 'B'

4) Recognition of Institute / College / Training Centre / Hospital Name of the Existing courses conducted (if any) :

a	Recognition letter	Please attached
b	List of University approved Fellowship / Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s)
		Approved Intake Capacity Affiliated Since... .. (if necessary Attach separate List)
		Required Intake Capacity... .. (if necessary Attach separate List)

5) Financial Details:-

a	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for last 03 years Yes/No Mark as Appendix 'C'
b	Budgetary provision for the FC for the next 03 years:	1) F.Y. 2020-21 :- Rs..... , 2) F.Y. 2021-22 :- Rs..... , 3) F.Y. 2022-23 :- Rs..... ,
c	Management Resolution seeking Recognition of Institute Starting of New Fellowship / Certificate Course	Resolution No. dated
		Copy of Management Resolution attached? Yes/No Mark as Appendix 'D'

6) Other Information:-

a	Land:	Yes / No. If yes, then Area:
	i) Whether the land is owned by the Applicant Institute/College/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached ? Yes / No Mark as Appendix 'E'
	ii) Whether the land is registered?	Yes / No. If yes, Registration Number: dated at (Place): Copy of Land Registration Certificate attached? Yes/No Mark as Appendix 'F'
	iii) Any loans, mortgage, etc. shown against the title of the land:	Yes / No, If yes, amount of loan Rs..... / mortgaged for Rs Copy of Loan/Mortgage Deed attached? Yes /No. Mark as Appendix 'G'
b	Building: sq. ft.
	i) Total built-up area:	Certified copy of Building Plan attached? Yes / No Mark as Appendix 'H'

7) Details of the Mentors:-

Sr. No.	Name of the Mentor	Education & Qualification	No. of Research Publication published	Total Teaching Experience

8) Central Library:-

Total number of Books in library :-

Books pertaining to concerned Fellowship subject :-

Purchase of latest editions of concerned books in last 3 years : -

Journals:

a) Indian : available

Year / Month up to which latest Indian Journals available

.....

b) Foreign :available

Year / Month up to which latest Foreign Journals available

.....

c) Internet / Med pub / Photocopy facility: - Available / Not Available

d) Library opening times:

e) Reading facility out of routine library hours:- Available / Not Available

(Obtain list of books & journals duly signed by competent authority)

9) Recreational facilities:- Play grounds, Gymnasium :- Available / Not Available

10) Hostel Accommodation:-

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms						
No. of Students						
Status of Cleanliness						

11) Residential accommodation for Staff / Paramedical staff:- Available / Not Available

12) Ethical Committee (Constitution) :- Yes / No

13) Medical Education Unit (Constitution) :- Yes / No

(Specify number of meetings held annually & minutes thereof)

14) Any other faculty specific information required: - (such as Herbal garden / Panchakarma Unit / Pharmacy / Dental Chairs and Units / as per the requirement) **Attached details**

PART – II

(HOSPITAL INFORMATION)

1. Name of the Hospital: _____

2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD		OPD	
IPD (Total No. of Patients admitted)		IPD (Total No. of Patients admitted)	

3. Hospital Beds Distribution & No of O.T. :

In the entire hospital	
No of Beds	
No of Beds in ICU	
No of Beds in IRCU	
No of Beds in SICU	
No of Major O.T.	
No of Minor O.T.	

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD – 2 PM
• Daily admissions
• Daily admissions in Dept. Through casualty at 10am
• Bed occupancy in the Dept. at 10AM
• Number of patients in ward (IPD)
• Percentage bed occupancy at 10Am
• Clinical Procedure(s)& Operative Details related to Fellowship subject/Specialty : <i>(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)</i>		
	On Inspection day	Average of random 3 days
•
•
•
•
•

5. Casualty:/ Emergency Department :

Space	
Number of Beds	
No. of cases (Average daily OPD and Admissions):	
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	
Staff (Medical/Paramedical)	
Equipment available	

6. Blood Bank :

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily	On Inspection day

7. Central Laboratory:

- Controlling Department: _____
- No of Staff : _____
- Equipment Available : *(Attach separate List)*
- Working Hours: _____

8. **Central supply of Oxygen / Suction:** Available / Not available
9. **Central Sterilization Department** Available / Not available
10. **Ambulance (Functional)** Available / Not available
11. **Laundry:** Manual/Mechanical/Outsourced:
12. **Kitchen** Available / Outsourced/ Not Available
13. **Incinerator: Functional / Non functional** Capacity:/Outsourced
14. **Bio-Medical waste disposal** Outsourced / any other method
15. **Generator facility** Available / Not available
16. **Medical Record Section:** Computerized / Non computerized
- ICD X classification Used / Not used

Sign & Stamp
Head of the Department
Date:

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

Annexure – A

The details of each faculty (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents & to be submitted along with list of Teaching staff. (Separate form shall be filled for Director, Co-ordinator & Mentor)

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	
02.	Date of Birth	:	
03.	Address	:	
04.	Tel. No./ Mob. No.	:	
05.	e-mail id	:	
06.	Nationality	:	
07.	Qualification in details : (attach documentary proof)	:	
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	
09.	Present Appointment	:	
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	
12.	Any other relevant information	:	

- Note:**
1. **Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.**
 2. **Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns**
 3. Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only . No Annexure will be seen.
 4. In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
 5. Experience of Defense services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

Date :-

Sign. of Teaching Staff

Countersigned & Stamp by Head of Institute

I have verified the eligibility of all faculty members for the post they are holding (**based on experience certificates issued by competent authority of the place of working**). Their experience details in different Designations and unit wise distribution is given the faculty table above.

Date :-

Sign. of Head of Institute

Annexure - B

Professional/Teaching Experience Certificate for Fellowship/Certificate

Courses Faculty/Teachers/Consultant/Mentor

(Separate form shall be filled for Director, Co-ordinator & Mentor)

Title of the Course applied for :-

This is to Certify that Dr.....has worked in the Department of..... College / Institutes as per following details.

A) General Experience:-

Designation	From	To	Total period Year / Month	

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period Year / Month	

(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**

**Sign & Stamp
Dean/Principal/Head of Institute**

Date:

Date:

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

Training Centre Letter Head

**APPLICATION FOR CONTINUATION/ RENEWAL OF AFFILIATION FOR
FELLOWSHIP/CERTIFICATE COURSE FOR THE A. Y. 2023-24**

INSTRUCTIONS

1. The Management/Institute/College/Training Centre/Hospital/University Department seeking
 - (i) Continuation/Renewal of Fellowship/Certificate Course(s), shall submit the application(s) in given format (No need to attached any hospital documents as these documents shall be uploaded/available on your Training Centre website.)
 - (ii) Proposal shall be in single copy with soft copies in a Pen drive, (soft copy shall be PDF Format only).
 - (iii) Consolidated payment by online payment Gateway (Click on link to pay Online <https://muhs.unisuite.in/>)
 - (a) **Rs 50,000/-** per course for Continuation/Renewal of Fellowship Course &
 - (b) **Rs 40,000/-** per course for Continuation/Renewal of Certificate Course
2. **‘Continuation/Renewal of Affiliation’** for Fellowship and Certificate Course(s) for **every Academic Year is mandatory.**
3. Read the ‘Rules and Regulations’ carefully before filling the application.
4. **Strike-out whichever not required/** OR Where ever the fields are not applicable, please Mention as **-N. A. -**



Application for Continuation of Affiliation for Fellowship/Certificate Course(s)

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

To,

The Registrar,
Maharashtra University of Health Sciences,
Vani – Dindori Road, Mhasrul,
Nashik 422 004

Sir,

I am/We are herewith submitting the application with a request under section 68 of the Maharashtra University of Health Sciences Act, 1998, for Continuation of my/our Institute for renewal of Fellowship/Certificate Course in,..... with an Intake Capacity of students, from the academic year 2023 - 24

Following are the particulars:

- **Purpose of Present inspection:** (Tick whichever applicable and strike-out whichever not applicable)

(Renewal of Affiliation/Continuation/Compliance Verification)

- **Date of last inspection of the department:** _____

(Write Not Applicable for first inspection)

- **Purpose of Last Inspection:** _____

- **Result of last Inspection:** _____

(Copy of University Letter to be attached)

- **Fellowship/Certificate Course Co-ordinator Details:**

Name: _____

Mobile/Telephone no.: _____

e-mail id: _____

PART – I
(INSTITUTIONAL INFORMATION)

1. Particulars of Director / Dean / Principal: (Who so ever is Head of Training Centre)

Name: _____ Age: _____ (Date of Birth) _____

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized				

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor				
Asso. Professor/Reader				
Professor				
Any Other		Grand Total		

2. Management/Society/Inst. Information :

01	i) Name of the Society/Institution/ College/University Department:	
	ii) Postal Address, with PIN:	
	iii) Contact Details:	Mob: _____ , Tele: _____
	iv) E-mail ID:	
02	Society/Institution/College Registration Number and date:	i) Public Trust Act 1950:
		ii) Society's Registration Act.1860:
		iii) Year of establishment:
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No (Required to upload said documents on Training Centre website)
03	Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)	i) Name of the Hospital
		ii) Nursing Home Registration No.
		iii) Establishment Year
		(Required to upload said documents on Training Centre website)
04	i) Name of the College/Institute where course is to be conducted:	
	ii) Postal Address, with PIN:	
	iii) Contact Details:	Mob: _____ Tele: _____
	iv) E-mail ID:	
04	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) Approved Intake Capacity... .. Affiliated Since... .. (if necessary Attach separate List)
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) Required Intake Capacity... .. (if necessary Attach separate List)
05	Fee details : Click on link to pay Online https://muhs.unisuite.in/	Valid Online Receipt Attached? *Yes/No.
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No (Required to upload said documents on Training Centre website)
07	Budgetary provision for the FC/CC/DC for the next 03 years:	i) 20 . . . - . . . Rs
08	Management Resolution seeking Recognition of Institute for FC/CC of MUHS, Nashik:	Resolution No. dated Copy of Management Resolution attached? *Yes/No

09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area:
	i) Whether the land is owned by the Applicant Institute/College/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes/No <i>(Required to upload said documents on Training Centre website)</i>
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: dated at (Place): Copy of Land Registration Certificate attached? *Yes/No <i>(Required to upload said documents on Training Centre website)</i>
	iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs..... /mortgaged for Rs..... Copy of Loan/Mortgage Deed attached? *Yes/No. <i>(Required to upload said documents on Training Centre website)</i>
b) Building:	Area in. sq. ft.	
i) Total built-up area:	Certified copy of Building Plan attached? *Yes/No <i>(Required to upload said documents on Training Centre website)</i>	

3. Central Library

- Total number of Books in library: _____
- Books pertaining to concerned Fellowship subject: _____
- Purchase of latest editions of concerned books in last 3 years: - _____

• Journals:

Journals	Total	concerned Fellowship subject
Indian		
Foreign		

- Year / Month up to which latest Indian Journals available: _____
 - Year / Month up to which latest Foreign Journals available: _____
 - Internet / Med pub / Photocopy facility: available / not available
 - Library opening times: _____
 - Reading facility out of routine library hours: available / not available
- (Obtain list of books & journals duly signed by Dean)*

4. Recreational facilities: Available / Not available

Play grounds Gymnasium

5. Hostel Accommodation:

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms						
No. of Students						
Status of Cleanliness						

6. Residential accommodation for Staff / Paramedical staff: Available /Not Available

7. Ethical Committee (Constitution): YES/NO

8. Medical Education Unit (Constitution): YES/NO *(Specify number of meetings held annually & minutes thereof)*

9. Any other faculty specific information required :(such as Herbal garden / Panchakarma Unit /Pharmacy / Dental Chairs and Units/as per the requirement)

PART – II

(HOSPITAL INFORMATION)

1. Name of the Hospital: _____

2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD		OPD	
IPD (Total No. of Patients admitted)		IPD (Total No. of Patients admitted)	

3. Hospital Beds Distribution & No of O.T.:

In the entire hospital	
No of Beds	
No of Beds in ICU	
No of Beds in IRCU	
No of Beds in SICU	
No of Major O.T.	
No of Minor O.T.	

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
<input type="checkbox"/> Daily OPD – 2 PM
<input type="checkbox"/> Daily admissions
• Daily admissions in Dept. Through casualty at 10am
• Bed occupancy in the Dept. at 10AM
• Number of patients in ward (IPD)
• Percentage bed occupancy at 10Am

- Clinical Procedure(s)& Operative Details related to Fellowship subject/Specialty :*(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)*

	On Inspection day	Average of random 3 days
•
<input type="checkbox"/>

5. Casualty:/ Emergency Department:

Space	
Number of Beds	
No. of cases (Average daily OPD and Admissions):	
Emergency Lab in Casualty (round the clock):	Available / Not Available
Emergency OT and Dressing Room	
Staff (Medical/Paramedical)	
Equipment available	

6. Blood Bank:

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily	On Inspection day

7. Central Laboratory:

- Controlling Department: _____
- No of Staff: _____
- Equipment Available: Attach separate List
- Working Hours: _____

8. Central supply of Oxygen / Suction: Available / Not available

9. Central Sterilization Department Available / Not available

10. Ambulance (Functional) Available / Not available

11. Laundry: Manual/Mechanical/Outsourced:

12. Kitchen Available / Outsourced/ Not Available

13. Incinerator: Functional / Non functional Capacity:/Outsourced

14. Bio-Medical waste disposal Outsourced / any other method

15. Generator facility Available / Not available

16. Medical Record Section: Computerized / Non computerized
 ICD X classification Used / Not used

Sign & Stamp
Head of the Department
 Date:

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

PART – III
(To be filled by the Local Inquiry Committee)

(DEPARTMENTAL INFORMATION)

1. Fellowship Specialty Department to be inspected :
2. Date on which independent department of functioning concerned specialty was created and started :

3. Faculty details (From start of department till date):

Sr. No.	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)

4. Whether Independent Department of concerned Fellowship/Certificate subject exists in the Institution: Yes/No: Since when:

5. Specialty Department Infrastructure Details:

Facility	Area (sft.)	Available	Not Available
Faculty rooms			
Clinics			
Laboratory Space			
Seminar room			
Department Library			
PG common room			
Preclinical lab (where ever applicable)			
Patient waiting room			
Total area			

6. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years:

Sr. No.	Name of Fellowship/ Certificate Course	Academic Year	Intake Capacity	No. of Students Admitted (In figure only)
1	<i>Please write name of course</i>	A.Y. 2017 - 2018		
		A.Y. 2018 - 2019		
		A.Y. 2019 - 2020		
		A.Y. 2020 - 2021		
		A.Y. 2021 - 2022		

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

7. List of Non-Teaching Staff in the department:

Sr. No.	Name	Designation

8. List of Equipment(s) in the department of concerned Fellowship subject:

Equipment's: List of Important equipment's available and their functional status
(List here only- No annexure to be attached)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.

9. Intensive care Service provided by the Department: (Emergency)

10. Specialty clinics being run by the department and number of patients in each :

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge

11. Services provided by the Department:

a) Services

i. _____

ii. _____

iii. _____

(b) Ancillary Services

(c) Others: _____

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement		
2	Equipment's		
3	Teaching Space		
4	Waiting area for patients		

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	
Staff (Steno /Clerk).	Yes/No	Professors	
Computer/ Typewriter	Yes/No	Associate Professors	
Storage space for files	Yes/No	Assistant Professor	
		Residents	

14. Clinical Load of Dept. : No of Surgeries / Procedures Per day

15. Submission of data to National Authorities if any: _____

16. Overall Impression: (To be filled by the Local Inquiry Committee)

Particular	Deficient	Satisfactory
Infrastructure		
Clinical Material		
Staff Assessment		
Student Assessment		
Library facilities		
Equipment		
Overall Department Assessment		

17. Any Other Observations & Overall Remarks of The Local Inquiry Committee (Not More Than 3 Lines): (To be filled by the Local Inquiry Committee)

Sr. No.	Particular	-	
01.	Recommendation for Recognition of the Institute (If applicable)	:	 _____
02.	Recommendation for Starting New Fellowship / Certificate Courses (If applicable)	:	 _____
03.	Recommendation for Existing Fellowship/ Certificate Courses For Continuation of Recognition/ Affiliation (If applicable)	:	 _____
04.	Recommendation for Increase in Intake of Fellowship / Certificate Courses (If applicable)	:	 _____

	Name of the LIC Chairman/Members	Signature
01		
02		
03		

ANNEXURE - "I"

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	:	
02.	Date of Birth	:	
03.	Address	:	
04.	Tel. No./ Mob. No.	:	
05.	e-mail id	:	
06.	Nationality	:	
07.	Qualification in details : (attach documentary proof)	:	
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	
09.	Present Appointment	:	
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	
12.	Any other relevant information	:	

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

Date:

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Training Centre Round Seal

Annexure - II

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: -

This is to Certify that Dr..... has worked in the Department of..... College / Institutes as per following details.

A) General Experience: -

Designation	From	To	Total period Year / Month	

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month	

(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:

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

Annexure - "C"

[See section 10 (2)]

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

UNIVERSITY DEPARTMENT CELL

FELLOWSHIP / CERTIFICATE SECTION



SYLLABUS

Fellowship / Certificate Course in

“.....”

Sr. No.	Particular	Information / Details
1	Title of the Course	:-
2	Course Duration.	:-
3	Objectives of Course	:-
4	Course contents, syllabus and curriculum, including the list of topics to be covered, number of hours of theory, practical and hospital work	:-
5	Proposed Teaching Learning Methods:	:-
6	Proposed Assessment Procedure	:-
7	Proposed course fee structure, (The final fees shall be such, as may be notified by the University);	:-

8	Eligibility criteria for students - Indian Student and Foreign Student;	:-
9	Eligibility criteria for Director, Course Coordinator and Mentor;	:-
10	Number of Mentors and training staff or teaching staff required according to the speciality; (Preferably, there shall be minimum of five qualified Mentors, out of which two shall be appointed on full time basis. Full time faculty shall not be the regular faculty for other TRAINING CENTRE affiliated to the University or any other non-affiliated institutions);	:-
11	Text and reference books;	:-

12	List of referral Journals, e-journals-	:-
13	<p>Infrastructure and academic facilities required for conducting the course, such as-</p> <p>(a) lecture hall or seminar room with audio visual facilities, laboratories and examination Hall, with C.C.T.V. facilities stating its dimensions in sq.ft. and required number;</p> <p>(b) administrative block – including those for Director, Programme Coordinator, Mentor, Teaching and non-teaching staff, Offices, including dimensions in sq.ft. and required number;</p> <p>(c) residential facility and common rooms for admitted students - dimensions in sq.ft. and required number;</p> <p>(d) library facility –number of books, Journals, stating its seating capacity with dimensions in sq.ft. and required number;</p> <p>(e) computers with Internet Facility – desired number, with Photocopy Machine and Printers;</p> <p>(f) instruments and equipments, as desired and required for the course (Name and Quantity);</p>	:-

<p>14</p>	<p>Hospital facility, clinical material required for conducting the course, -</p> <ul style="list-style-type: none"> (a) Out Patient Departments – Specialitywise list, with minimum required daily patients' attendance per student; (b) In Patient Departments – Specialitywise list, with minimum required beds and student: bed ratio; (c) computerized patient registration system; (d) specialized service requirements – Operation Theatres, Investigative Laboratories and facilities (minimum required, with specifications); (e) other ancillary services – casualty, blood bank, hospital, kitchen, ambulance, record section, Medical Store; (f) registration – it shall be mandatory that the registration under the Bombay Nursing Homes Registration Act, the P.C.P.N.D.T. Act, the Bio Medical waste management, authorization by Pollution Control Board permission, etc. as applicable to the course; 	<p>:-</p>
<p>15</p>	<p>Credit Based System as prescribed by the University;</p>	<p>:-</p>
<p>16</p>	<p>Examination scheme and results: shall be such as prescribed or notified by the University;</p>	<p>:-</p>

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Fellowship / Certificate Course

FORMAT OF CLAIM FOR REFUND

(In case of cancellation of admission within stipulated time)

Name of faculty: Medical / Dental / Ayurveda / Homoeopathy / Allied(Tick mark the appropriate)

Name of the Affiliated Training Centre:

Sr. No.	NAME OF CANDIDATE whose admission is to be Cancelled (Mention in capital letters)	Name of Fellowship / Certificate Course	Candidate's date of Admission	Candidate's date of Admission Cancellation	Details of 25% Administrative Charges paid/deposited to the University		
					DD/RTGS/NEFT No. and Date	Amount	Mention the date (On which the said amount is Submitted/Communicated to the University)
1.							
2.							
3....							

Note: - Regarding refund of 75% course fees shall be claimed at concerned affiliated Training Centre as per University norms for refund of fees.

**Name & Signature of
Director/Dean/Principal/HOD/Coordinator**
(with Stamp of concerned Training Centre)

Annexure – “E”
(See section 18)

(Space to be utilised for: Name, Logo and Code of Affiliated Training Center :

Affix Student's
recent
Passport Size
Colour Photograph

FELLOWSHIP / CERTIFICATE COURSE

STUDENT'S LOG-BOOK

Academic Year : 20....-....

Course Name and its Code: _____

Name of Student: _____

Date of birth : / /

Educational Qualification as per eligibility Criteria of the Course:

Date of Admission: _____

Name of Mentor: _____



Maharashtra University of Health Sciences, Nashik

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5	Particular of participation in Continuing Educational Activities Table-4	5
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7	Assessment done by Mentor	6-7
8	Certificate	8

General Guidelines:

1. This log book is intended to provide a record of your operative/ Clinical / Community/ para-clinical Laboratory experience during your period of Fellowship / Certificate Course training.
2. After each procedure / activity you should fill up the log book to demonstrate active and punctual participation through-out the year.
3. The type of procedure performed according to the list of operations/ procedures as per the requirement of the concerned Fellowship/Certificate course.
4. Each entry in the log book shall be timely reentered, when completed and punctually get signed from your Mentor / Consultant Supervisor.
5. A record of presentations & publications with details
6. Attach the documentary proofs / evidences/ Certificate(s), wherever necessary, in the respective Section of the Log Book
7. Affiliated Training Center shall make available this Logbook and related records for the Evaluators and Inspectors appointed by the University/ Authorities.
8. Satisfactory and timely completion of this Log Book is mandatory to become eligible for appearing the certifying examination of the fellowship / certificate course conducted by the university
9. Affiliated Training Center shall maintain Certificate of completion in Triplicate as per the format provided by the University. After final Signatures of the Head of the Institute, One Copy of This Certificate is to be attached along with University Examination Form. Second Copy shall be handed over to the concerned student. While Remaining one shall be retained by the affiliated Training Institute along with Log book

Table 1 : Particular of participation in Academic Activities

(Journal review/ seminar/ book review/ lectures/ practicals/ group discussions/
community field visits/ assignments / participation in teaching activities)

Sr. no.	Date	Particulars of activity (Title / topic / place etc.)	Remarks	Signature of Mentor
1				
2				
3				
4				
5				

Table 2 : Particular of participation in Clinical / Para clinical Activities
 (Clinical/ clinic-social/ clinico-laboratory case reviews/ operative procedures etc.)

Sr. no.	Date	Particulars of activity (Diagnosis of case etc.)	Remarks	Signature of Mentor
1				
2				
3				
4				
5				

Table 3 : Particular of participation in Clinical / Para clinical Activities

Sr. no.	Date	Dates/ Days	Total no.	Remarks	Signature of Mentor
1	Out patient care				
2	Inpatient care				
3	Emergency hospital Services				
4	Grand rounds / clinics				
5	Laboratory work				
6	Experimental assignments				
7	Community based assignments				
8	Hospital administrative / medico legal assignments				

Assessment done by Mentor

Name of the student: _____

Name of the Course: _____

Sr. No.	Particular of Credit Based System	Remark (Kindly tick ✓ the Correct option)
SECTION A :		
(Participation in Academic Activities : <i>The student shall maintain a minimum of 80% attendance in these activities during the course.</i>		
1	• Clinical /Clinico-Social / Clinico-Laboratory Case Reviews,	Completed / Not Completed / Not Applicable
	• Journal Article Reviews,	Completed / Not Completed / Not Applicable
	• Book Reviews,	Completed / Not Completed / Not Applicable
	• Seminars,	Completed / Not Completed / Not Applicable
	• Lectures,	Completed / Not Completed / Not Applicable
	• Practical,	Completed / Not Completed / Not Applicable
	• Group Discussions,	Completed / Not Completed / Not Applicable
	• Community / Field Visits,	Completed / Not Completed / Not Applicable
	• Assignments,	Completed / Not Completed / Not Applicable
	• Participation In Teaching Activities.	Completed / Not Completed / Not Applicable
Academic Activities :		Completed/Not Completed
SECTION B :		
(Clinical and Para Clinical Activities : The student shall maintain a minimum of 80% attendance in these activities during the course.)		
2	• Out Patient Care,	Completed / Not Completed / Not Applicable
	• Inpatient Care,	Completed / Not Completed / Not Applicable
	• Emergency Hospital Services,	Completed / Not Completed / Not Applicable
	• Grand Rounds/ Clinics,	Completed / Not Completed / Not Applicable
	• Laboratory/ Experimental /Community Based Assignments,	Completed / Not Completed / Not Applicable
	• Hospital Administrative/ Medico-Legal And Need Based Assignments etc.,	Completed / Not Completed / Not Applicable
Clinical and Para Clinical Activities:		Completed/Not Completed

Sr. No.	Particular of Credit Based System	Remark
SECTION C : Attending Conference/and presenting paper :		
3	<ul style="list-style-type: none"> To attend at least one 'International / National / State Level Conference/Workshop/CME' in concerned subject 	Completed/Not Completed
SECTION D : Research Activity :		
4	<ul style="list-style-type: none"> For active participation in planning and implementing a short term research project related to the course area to be completed successfully within the course tenure under the guidance of the Mentor. 	Completed/Not Completed
SECTION E : Monitoring Progress: Log book		
5	<ul style="list-style-type: none"> For maintaining Log book and record his / her participation in the all relevant academic, clinical and research activities as desired by the course 	Completed/Not Completed
	Other Information, if any;	
	Other Information, if any;	

.....

Stamp and signature of the Mentor

(Space to be utilised for: Name, Logo and Code of Affiliated Training Center :)

CERTIFICATE

This is to certify that, Dr _____

has successfully Completed the required academic, clinical / Para-Clinical and research assignments as prescribed by the University for the Fellowship / Certificate Course Name of the Course _____

At MUHS recognized Training Institute _____

Hence, He/ She is recommended to appear for the certifying examination of the fellowship / certificate course conducted by the University.

His / Her Character and Conduct are _____

Signature of Student: _____

Signature of Mentor

Place :
Date :

Signature of Course Coordinator

Place :

Date :

Signature of the Head of the Institute

Office Seal

Affiliated Training Center shall maintain this Certificate in Triplicate. After final Signatures of the Head of the Institute, One Copy of This Certificate is to be attached along with University Examination Form. Second Copy shall be handed over to the concerned student. While Remaining one shall be retained by the affiliated Training Institute along with Log book.

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 MUHS	महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
	MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

CONFIDENTIAL

College/Institute outward Ref. No----- Date / /20

FORMAT FOR APPOINTMENT OF SUBSTITUTE EXAMINERS FOR
FELLOWSHIP/CERTIFICATE COURSE EXAMINATIONS

To,
The Controller of Examinations,
Maharashtra University of Health Sciences,
Mhasrul, Dindori Road,
Nashik-422 004.

Sub:- Appointment of Substitute Examiners for Fellowship/Certificate Course Examination.

Sir,

The following examiners, appointed by the University, have expressed their **inability/are not available** to conduct the Fellowship/Certificate Course examination as per details specified below. Their **replacements** from the **approved panel** have been contacted and they have **agreed** to conduct the examination on the dates specified below. You are requested to accord your **approval** and issue the appointment order in case of **External Examiners**. **Internal Examiners** appointment order will be issued **at our end** after receiving your proposal:-

Examination Centre :- -----

Course	Date of exam	Date Proposed (in case of change only)	Examiner appointed by the University		Name & College of Examiner Proposed	Name within the panel (yes/No)
			Name of College	Internal/External		

It is certified that the name proposed from outside the panel meet the eligibility criteria of the examiner.

Date:- / /20

**Sign of Dean/Principal/Director/Co-Ordinator
of the College/Hospital/Institute**