



**ANTARBHARTI HOMOEOPATHIC MEDICAL COLLEGE
& HOSPITAL DABHA, NAGPUR-23**

(Run by: - Antarbharti Ashram, Dabha, Regd No E -101 (N)(Recognized by State Govt. and National Commission for Homoeopathy New Delhi & Affiliated By Maharashtra University of Health Science Nashik)

E-mail:- ahmc1973@gmail.com
Website:-www.ahmcnagpur.org.in


Ph.No :- 0712-2500950
Principal :- 9604280042

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

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Not Applicable	Not Applicable	Not Applicable	Not Applicable

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

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 20..... - 20....	Not Applicable	Not Applicable	Not Applicable


Dr. P. N. Bharbat
 Principal
 Antarbharti HMC & H
 Nagpur



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**Professional Teaching Experience Certificate for
Fellowship/Certificate Courses Director/Mentor**

Title of the Course applied for:-

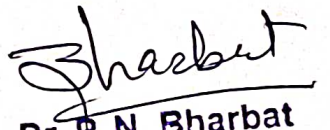
This to Certify that Dr.....has
worked in the Department of
Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

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

Designation	From	To	Total period Year/Months	
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable


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 Principal
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