

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023-2024

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

| | | |
|--------------------|---|--|
| Date of Inspection | : | |
|--------------------|---|--|

1. Name(s) of the Fellowship/Certificate 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 | | | | |
| 02 | | | | |
| 03 | | | | |
| 04 | | | | |
| 05 | | | | |
| 06 | | | | |
| 07 | | | | |

(Attach separate List if necessary)

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

| Sr. No. | Academic Year | Name of Fellowship / Certificate Course | Intake Capacity | No. of Students Admitted (In figure only) |
|---------|-----------------------|---|-----------------|---|
| 1 | A.Y. 20..... - 20.... | | | |
| 2 | A.Y. 20..... - 20.... | | | |
| 3 | A.Y. 20..... - 20.... | | | |
| 4 | A.Y. 20..... - 20.... | | | |
| 5 | A.Y. 20..... - 20.... | | | |



Wshyzke
Principal 30/06/2023
M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (M.S)