FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20......

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

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Date	e of Inspection	:			
Nam	ne(s) of the Fellows	hip/C	ertificate Course(s)		•
šr. šo.	Name of the Fellowship/Certifi Course	icate	Course Started from the Academic Year	Intake Cancity Sanctioned by to Uncersity Intake Cancity Interest and Intact Intake Cancity Intake Cancity Intake Cancity Interest and Intake Intake Cancity Intake Cancit	
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(Attach separate List if necessary)

2. Year-wise number of student add a d to Fellowship/ Certificate course during last 5 years

5r. No.	demic For	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 20 2			
-	Y. 20 – 20			
4	A.Y. 20 – 20			
5	A.Y. 20 – 20			

Information to be submitted with respect to newly appointed mentors

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

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Actual experien	ce in the subject	of concen d Fellow	hip/conca	te Course applied for :-
Designation	From	To	VIII.	periodYear/Months
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