

# ANNEXURE- XIV

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

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the	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....			

# Not Applicable



*Pradip*  
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