## FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023.-20.24...

(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			University	Details
02				
03				
04		NOT	12616	
05		appl	l Cu	
06		arr		
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
1	A.Y. 20 – 20			(In figure only)
2	A.Y. 20 – 20		1 01	pticable
3	A.Y. 20 – 20		- Not ar	
	A.Y. 20 – 20			
	A.Y. 20 – 20			

Principal Matoshri Ayurved College, Hospital and Research Center, Karjule Harya(Ahmednagar)

## Information to be submitted with respect to newly appointed mentors Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

General Exper			***************************************	Training Centre as per follow
Designation	From	То		Total periodYear/Months
Actual experience Designation	rce in the subjection	ect of concerne		ip/Certificate Course appli al periodYear/Months
mandatory to atte	ah salf attacted Dhet	Cd. F	0.15	
ship/Certificate	Course)	ocopy of the Exper	ience Certifica	te of each Mentor in the Subjecto
of the Department			Dea	a & Stamp n/Principal/Head of Institute
of the Department	Name of Ins	pectors	Dea	n/Principal/Head of Institute
& Stamp of the Department : / /		pectors	Dea	n/Principal/Head of Institute
of the Department		pectors	Dea Date	n/Principal/Head of Institute



Member

4)

Principal
Matoshri Ayurved College,
Hospital and Research Center,
Karjule Harya(Ahmednagar)