

## ANNEXURE-XIV

## FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 202...-20...

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

<b>Date of Inspection</b>	:	
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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 Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01				
02				
03	<b>No Fellowship/Certificate Courses Available</b>			
04				
05				
06				
07				

(Attach separate List if necessary)

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

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
01	A.Y. 20....-20....			
02	A.Y. 20....			
03	A.Y. 20....	<b>Not Applicable</b>		
04	A.Y. 20....			
05	A.Y. 20....			



  
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