

Annexure IX

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)

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
1				
2				
3		Not Applicable		
4				
5				

(Attach separate List if necessary)

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
1				
2		Not Applicable		
3				
4				
5				




Principal
Indian Institute of Medical Sciences Ayurved College
 At. Post Manori, Tal. Dindori, Dist. Nashik

Signature of Member

Signature of Member

Signature of Chairman