

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2024 - 2025**

(As per provisions 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	<b>Not Applicable</b>			
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....	<b>Not Applicable</b>		
2	A.Y. 20..... - 20....			
3	A.Y. 20..... - 20....			
4	A.Y. 20..... - 20....			
5	A.Y. 20..... - 20....			

  
**Acting Principal**  
 Chaitanya Ayurved Mahavidyalaya,  
 Sakegaon, Tal Bhusawal