## **Annexure IX- NOT APPLICABLE**

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** 

, Name(s) of the Fellowship/Certificate Course(s)

| Sr. No. | Name of the Fellowship/Certificate Course | Course Started from the Academic Year  | Intake Capacity<br>Sanctioned by the<br>University | Name of Mentor and<br>Contact Details |
|---------|---|--|--|---------------------------------------|
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(Attach separate List if necessary) Sr. Name of the Course Started from the Intake Capacity Sanctioned by Name of Mentor and Fellowship/Certificate Course No. Academic Year **Contact Details** the University 1 2 3 4 5



Principal Dr. Rajesh R. Kambe Ayurved College & Hospital, Turkhed