Annexure IX

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) Date of Inspection

1. Name(s) of the Fellowshin/Certificate C

1. Name(s)	of the renowship/Certificate Cour	36(2)		
Sr. No.	Name of the	Course Started from the	Intake Capacity	Name of Mentor
	Fellowship/Certificate Course	Academic Year	Sanctioned by the	and Contact Details
			University	
1				
2				
3		Not Applicable		
4	. –	T		
5		*		

(Attach separate List if necessary)

			(Attuch sep	arate List if necessary)	
Sr. No.	Name of the	Course Started from	Intake Capacity	Name of Mentor and	
	Fellowship/Certificate	the Academic Year	Sanctioned by the	Contact Details	
	Course		University		
1					
2					
2		\		,	
3	Not Applicable				
4		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
4					
5					
		\			

Sangamner

Principal
Siddhakala Ayurved Mahavidyalaya
Sangamner