

Annexure IX

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026



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

Date of Inspection	:
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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
1	Not Applicable	Not Applicable	Not Applicable	Not Applicable
2				
3				
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	Not Applicable	Not Applicable	Not Applicable	Not Applicable
2				
3				
4				
5				

It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)



Sign & Stamp

Head of the Department

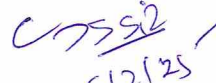
Institute

Date : / /


6.2.2025


6/2/25

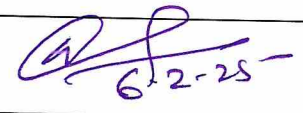
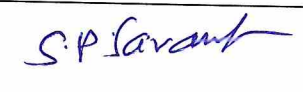



6/2/25


6/2/25


DEAN

Sign & Stamp
Laxman Gaikwad Patil
Ayurvedic Medical College, Hospital
P. G. Institute & Research Center,
Dean/Principal/Head of
Urun-Islampur, Tal. Walwa, Dist. Sangli

Date: / / 06 | 02 | 2025

Name of Visitors		Signature of Visitors
Dr. sayabu laxman Gaikwad	Chairman	 6.2.25
Dr. shailendra Pandurang savant	Member	 S.P. Savant
Dr. vijay shivudrappa Rudrappagol	Member	 C.V.S.R.
Dr. Pushkar Devidas Gawande.	Member	 Pushkar