## 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** :

**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 | NA | | | |
| 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 | NA | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Signature of Member Signature of Member Signature of Chairman