

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023-24**

(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
01	--	--	--	--
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....	--	--	--
2	A.Y. 20..... - 20....	--	--	--
3	A.Y. 20..... - 20....	--	--	--
4	A.Y. 20..... - 20....	--	--	--
5	A.Y. 20..... - 20....	--	--	--

  
 PRINCIPAL  
 Mohammadia Tibbia College  
 & Assayer Hospital  
 Mansoor, Malegaon.(M.S.)