

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				
2				
3		NA		
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				
2		NA		
3				
4				
5				



Principal

**Mauli Ayurvedic College & Hospital
Markhel, Tq. Degloor Dist. Nanded.**

Signature of Member

Signature of Member

Signature of Chairman