

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....**

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

<b>Date of Inspection</b>	:	
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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	Certificate course in Modern Pharmacology	2016 - 2017	50	
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.2018 - 2019	Certificate course in Modern Pharmacology	50	23
2	A.Y.2019- 2020	Certificate course in Modern Pharmacology	50	16
3	A.Y.2020- 2021	Certificate course in Modern Pharmacology	50	24
4	A.Y.2021- 2022	Certificate course in Modern Pharmacology	50	46
5	A.Y.2022- 2023	Certificate course in Modern Pharmacology	50	50