

FOR FELLOWSHIP/ CERTIFICATE COURSES (S) FOR A.Y. 20..... 20.....

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

Date of Inspection	:	
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1. Name (s) of the Fellowship / Certificate courses (s)

S.no.	Name othe Fellowship / Certificate Courses	Courses started from the Academic Year	Intake Capacity sanctioned by the University	Name of Mentor and Contact details.
1	-----N.A-----			
2				
3				
4				
5				

Attach separate list if necessary)

2. Year wise number of students admitted to fellowship/ Certificate courses (s) during last 5 years

S.no.	Name othe Fellowship / Certificate Courses	Courses started from the Academic Year	Intake Capacity sanctioned by the University	Name of Mentor and Contact details.
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....			

Attach separate list if necessary)



B. S.
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