

## Annexure II (PG) ( Not Applicable)

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)  
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	NA	NA	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				
2				
3				
4				
5				



*(Signature)*  
I/c Principal  
Tilak Ayurved Mahavidyalaya  
Pune - 11

Signature of Member

Signature of Member

Signature of Chairman