

FOR FELLOWSHIP / CERTIFICATE COURSE(S) FOR A.Y. 2024 -2025.

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

Date of Inspection	:	
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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	NOT APPLICABLE			
02				
03				
04				
05				
06				
07				

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	NOT APPLICABLE			
02				
03				
04				
05				
06				
07				

1. Name(s) of the Fellowship / Certificate Course(s)

(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....	NOT APPLICABLE		
2	A.Y. 20.....-20....			
3	A.Y. 20.....-20....			
4	A.Y. 20.....-20....			
5	A.Y. 20.....-20....			


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