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	Test 1	
Inspection	1	

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

Name of Mentorand Contact Details	Intake Capacity Sanctioned by the University	Course Started from the Academic Year	Name of the Fellowship/Certifica teCourse	Sr. No.
				01
				02
		\ \ X		03
		1 1/2/	7	04
		11 11	a).	05
		111		06
		1/2/1		07

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			
2	A.Y. 20 – 20			
3	A.Y. 20 – 20			
4	A.Y. 20 – 20			
5	A.Y. 20 – 20			

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