**ANNEXURE-VIII**

## FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y.2025-2026

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

|  |  |  |
| --- | --- | --- |
| **Date of Inspection** | **:** | 27/09/23 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Fellowship/Certifica te Course** | **Course Started from the****Academic Year** | **Intake Capacity Sanctioned by****the University** | **Name of Mentor and Contact Details** |
| 01 | Fellowship in Geriatric Medicine  | 2024  | 12 | Dr.R.T.Borse9923912525/9763201215 |

**(Attach separate List if necessary)**

1. **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.2024 –2025 | Fellowship in Geriatric Medicine | 12 | 02 |