

## ANNEXURE-V

**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 <sup>th</sup> March 2026
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**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
01	Integrated Family Medicine (Graduate)	2025	30	Dr. Archana. Wkey
02				
03				
04				
05				
06				
07				

(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. 2025 - 2026	Integrated Family Medicine (Graduate)	30	1
2	A.Y. 20..... - 20....			
3	A.Y. 20..... - 20....			
4	A.Y. 20..... - 20....			
5	A.Y. 20..... - 20....			