

## Annexure IX

### FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027

(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	Not applicable			
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	Not applicable			
2				
3				
4				
5				



*(Handwritten signature)*  
24/6/2026

Principal  
Sawkar Ayurvedic Medical College &  
Sawkar Ayurvedic Hospital, Satara