

Shri Baliraja Shikshan Sanstha, Someshwar's

RAMRAO PATIL AYURVED MAHAVIDYALAYA & RUGNALAYA

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1) Recognized by NCISM, New Delhi

2) Affiliated to Maharashtra University of Health Sciences, Nashik

Annexure IX

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 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 | | | | | |
| 2 | | N | | | |
| 3 | | 11 | | | |
| 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 | | | | | | | |
| 2 | | | | | | | |
| 3 | | NOT APPLICABLE | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

Sd/-Principal RPAM & R Purna