

**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)

<b>Date of Inspection</b>	:	
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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
NOT APPLICABLE				

(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)
NOT APPLICABLE				

  
**I/C PRINCIPAL**  
**KONKAN EDUCATION & MEDICAL TRUST'S**  
**VIRAR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL**  
**NARANGI BYPASS ROAD, VIRAR (EAST),**  
**TAL: VASAI, DIST: PALGHAR, PIN: 401305.**