FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023-2024

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

Date of Inspection	
Bate of mopostion	

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

Sr. No.	Name of the Fellowship/ Certificate Course	Course Started from the AcademicYear	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship Course in Critical Care Medicine	2023	01	Dr. Sumedh Ulhas Jajoo Mob- 9420681887 Email: sumedhjajoo@gmail.com

(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. 2023 – 2024	Fellowship Course in Critical Care Medicine	01	00

