



Adivasi Devmogra Education Society

**K D Gavit College Of Physiotherapy  
Pathrai Tal. Dist. Nandurbar**

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## **ANNEXURE -XV**

**(Fellowship & Certificate LIC formate)**

**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
01	No	No	No	No
02	No	No	No	No
03	No	No	No	No
04	No	No	No	No
05	No	No	No	No
06	No	No	No	No
07	No	No	No	No

**(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. 20..... – 20....	No	No	No
2	A.Y. 20..... – 20....	No	No	No
3	A.Y. 20..... – 20....	No	No	No
4	A.Y. 20..... – 20....	No	No	No
5	A.Y. 20..... – 20....	No	No	No