

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025 - 2026.

(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 Course	Course started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details	
1	Joint Replacement Surgery	2016	01	Dr. Parag Munshi Dr. Hemant Bhandari Dr. Ashish Agarwal	9819934002 9821550550 9821023866
2	Clinical Hematology	2016	01	Dr. Mohan B Agarwal Dr. Shyam Rathi	9820024850 9930003970

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship /Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2019 – 2020	Joint Replacement Surgery	01	01
		Clinical Hematology	01	01
2	A.Y. 2020 – 2021	Joint Replacement Surgery	01	01
		Clinical Hematology	01	—
3	A.Y. 2021 – 2022	Joint Replacement Surgery	01	01
		Clinical Hematology	01	01
4	A.Y. 2022 – 2023	Joint Replacement Surgery	01	01
		Clinical Hematology	01	—
5	A.Y. 2023-2024	Joint Replacement Surgery	01	01
		Clinical Hematology	01	01
6	A.Y. 2024-2025	Joint Replacement Surgery	01	—
		Clinical Hematology	01	01