

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship
/ Certificate Courses Director/Mentor**

Title of the Course applied for :-.....

This to Certify that Dr.....has worked in the Department
of.....Training Centre as per following
details**A) General Experience**

Designation	From	To	Total period Year/Months	

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	

(It is mandatory to attach self-attested Photo copy of the Experience Certificate of each Mentor in the Subject
of concerned Fellowship /Certificate Course)

Sign & Stamp

Head of the Department

Date: / /



Sign & Stamp

Dean/ Principal Head of Institute

Date: / /

(Signature)
अधिष्ठाता

शासकीय होमिओपैथिक
वैद्यकीय महाविद्यालय, जलगांव

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	