

Information to be submitted with respect to newly appointed mentors
Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor
NOT APPLICABLE

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 Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
 Head of the Department
 Date : / /



Sign & Stamp
 Principal
 Dr. Narender Singh
 College & Hospital, Turkhed

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