

**Annexure X – NOT APPLICABLE  
For Fellowship Teaching Certificate**

**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 .....

This to Certify that Dr. .... has worked in the Department of ..... Training Centre as per following details

**) General Experience**

Designation	From	To	Total period Year/Months

**) 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)

Signature & Stamp  
Head of the Department  
Date: //

Signature & Stamp  
Dean/Principal/Head of Institute  
Date: //

**Name of Visitors**  
Chairman  
Member  
Member  
Member



**Signature of Visitors**

  
**Principal**  
**Dr. Rajesh R. Kambe Ayurved**  
**College & Hospital, Turkhed**