

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:- **NOT APPLICABLE**

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
NOT APPLICABLE			

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

Designation	From	To	Total period Year/Months
NOT APPLICABLE			

(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
Dean/Principal/Head of Institute
Date: / /

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

Data Verified by Committee Members:

Member

Member

Member

Chairman



DEAN

Poo's Indian Institute of Medicine
 Science & Research Warud:
 Tq. Badnapur Dist. Jalna