

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:-NA

This to Certify that Drhas worked in the
 Department of Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
NA			

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

Designation	From	To	Total period Year/Months
NA			


(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	




 Dean,
 R. A. Podar Medical College (Ayu.)
 Worli, Mumbai - 18.