

**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
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

Signature
Date: / /


Dean
R. A. Podar Medical College (Ayu.)
Worli, Mumbai - 400 018.
 Dean/Principal/Head of Dept.

Date: / /

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