## Annexure X For Fellowship Teaching Certificate



Information to be submitted with respect to newly appointed mentors
Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

		Non		Courses Director De	
Titl-		NOTAL	PPLICABLE	Courses Director/Mentor	
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B) Actual				Total period Year/Months	
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B) Actual experience in the su  Designation		red Fellows	hip/Certificate G		-
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Fellowship/Certificat Self-atte	ested Photo			period Year/Months	_
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Sign & Stamp		Pol	circe Certificate of e	ach M	
Head of the Department  Date: //				ten Mentor in the Subject of	
Date: //				and concerned	_
				Sign & Stamp	
Name				Dean/Principal/II	
Name of Visitors				Dean/Principal/Head of Institute Date: //	
	Chairman				
			Sig	nature of Visitors	
	Member			VISITORS	
	Μ				
	Member				
	Member				

R. A. Podar Medical College (Ayu.)
Worli, Mumbai - 400 018.

Signature of Member

Signature of Member

Signature of Chairman

92 | Page