



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

NOT APPLICABLE

Title of the Course applied

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

B) 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)

Sign & Stamp
Head of the Department
Date : / /

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

Signature of Visitors

- Name of Visitors
- Chairman
 - Member
 - Member
 - Member


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

Signature of Member

Signature of Member

Signature of Chairman