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

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
		A	
	bject of concerne	d Fellowsh	ip/Certificate Course applied for :-
Designation	From	To	Total period Year/Months
		MA	
(It is mandatory to attach self-at Fellowship/Certificate Course) Sign & Stamp Head of the Department Date://	tested Photocopy	of the Expe	Dean/Principal/Heat of Institute Late ababiuwan Vitthalrao Kale Avurved Medical College & Hospital Later
Name of Visitors Chairman Member			Ayurved Medical College & Hospital, Latur Signature of Visitors
	Member		
*	Member		