

**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 in the Department of ..... Training Centre as per following details


**A) General Experience**

Designation	From	To	Total periodYear/Months	

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

Designation	From	To	Total periodYear/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 : / /


DEAN  
Shri. M.N. Govt. Medical College  
Yavatmal  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

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