

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
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
Date ://

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

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors



Dr. Shrikant Vijay Kashikar
M.D. Shalya

Dean

**Sawkar Ayurvedic Medical College &
Sawkar Ayurvedic Hospital, Satara**