

**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**

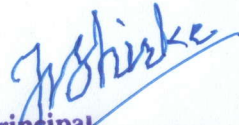
Designation	From	To	Total period	Year/Months
		— NA —		

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

Designation	From	To	Total period	Year/Months
		— NA —		

(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  
**Principal**  
**M.S. Ayurvedic Medical College,**  
**Hospital & Research Institute, Gondia (M.S)**  
 Date: / /

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

