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 .....NA.....

This to Certify that Dr. .....NA..... 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
Dean/Principal/Head of Institute
Date :

Principal
Dr.Bhanudas Dere Foundation's,
Dr.Bhanudas Dhere College of Ayurved
Karhe, Sangamner.

Name of Visitors		Signature of Visitors
	Chairman	
	Member	
	Member	
	Member	

Signature of Member Signature of Member Signature of Chairman