

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
of Institute

Date : //


DEAN

Sign & Stamp
Lokesh Patil
Ayurvedic Medical College, Hospital,
Dean/Principal/Head
P. G. Institute & Research Center,
Urun-Islampur, Tal. Walwa, Dist. Sangli

Date: // 06/02/2025

Name of Visitors		Signature of Visitors
1) Dr. Sayabu Laxman Gaikwad	Chairman	
2) Dr. Shailendra Pandurang Savant	Member	
3) Dr. Vijay Shivudrappa Rudrappagol	Member	
4) Dr. Pushkar Devidas Gawande.	Member	