

**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
<b>NOT APPLICABLE</b>				

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

Designation	From	To	Total period	Year/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 : / /

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

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



  
**PRINCIPAL**  
 S.R.C. Ayurved Mahavidyalaya  
 Chikhli, Dist. Buldana - 443201