

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 appliedNA.....

This to Certify that Dr. NA has worked in the Department
of NA Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months

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
Stamp
Head of the Department
of Institute
Date : / /

Sign &
Dean/Principal/Head
Date: / /

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors


Principal

Dhanwantari Ayurved Medical
College Udgir Dist.Latur - 413517

Signature of Member

Signature of Member

Signature of Chairman