

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

Dean/Principal/Head of Institute

Date: / /

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




PRINCIPAL
Dr.V.J.D. Gramin Ayurved Mahavidyalaya
PATUR DIST. AKOLA