

**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:- .....**Not Applicable** .....

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

**A) General Experience**

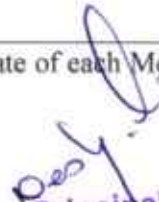
Designation	From	To	Total period Year/Months
<b>Not Applicable</b>			

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

Designation	From	To	Total period Year/Months
<b>Not Applicable</b>			

(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  
 Principal  
 Tilak Ayurved Mahavidyalaya  
 PUNE  
 Date: 21/5/23

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

