

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 **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) 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
of Institute

Date : //

Name of Visitors

Chairman

Member

Member

Member



Sign & Stamp

Dean/Principal/Head

I/c Principal

Tilak Ayurved Mahavidyalaya

Date: // **Pune - 11**

Signature of Visitors