

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) 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	