

**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 .....NA.....

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

**A) General Experience**

Designation	From	To	Total period Year/Months	
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA

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

Designation	From	To	Total period Year/Months	
NA	NA	NA	NA	NA
NA	NA	NA	NA	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: / /



  
**Principal**  
Matoshni Ayurved College,  
Hospital and Research Center  
Karjule Harva, Ahmednagar