

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 ofTraining Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
Not Applicable			

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

Designation	From	To	Total period Year/Months
Not Applicable			

(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)	Not Applicable	-
3)	Member	-
4)	Member	-




PRINCIPAL
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