

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

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://


Principal
A.G.Unani Medical College
Akkalkuwa-425415 (Mandurbar)

Name of Inspectors	Signature of Inspectors
Chariman	
Member	
Member	
Memeber	