ANNEXURE- XIV- A

Information to be submitted with respect to newly appointed mentors Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Actual experience in the subject of concerned Fellowship/Certificate Course applies resignation From To Total periodYear/Months To Total periodYear/Months To Total periodYear/Months To Total periodYear/Months Sign & Stamp Dean/Principal/Head of Institute Date: / / Name of Inspectors Signature of Inspectors Chairman Member	t - C				has t
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