

## 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 .....

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>NA</b>			

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

Designation	From	To	Total period Year/Months
<b>NA</b>			

(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

  
**Principal**  
 Pa.Pu.Gurukulam, Ahob More  
 Ayurveda College, Jalgaon  
 Tq. Majalgaon Dist. Beed (MH)

Date:

Date:

Name of Visitors		Signature of Visitors
	Chairman	
	Member	
	Member	
	Member	

Signature of Member

Signature of Member

Signature of Chairman