

Information to be submitted with respect newly appointed mentors.

Titel of the course applied for :

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 of year months	
	-----N.A-----			

B) Actual Experience in the subject of concerned fellowship / Certificate courses applied for :

Designation	From	To	Total Period of year months	

(It is mandatory to attach self attested photocopy of the Expernce Certificate of each mentor in the subject of concerned fellowship / Certifictce course)

Sign & Stamp

Head of the Department

Date / /

Sign & Stamp

Dean/ Principal/ Head of Institute

Date / /

Name of Inspector		Signature of Inspectors
1.	Chairman	
2.	Member	
3.	Member	
4.	Member	

