

**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:- .....

This to Certify that Dr. .... has worked in the Department of ..... Training Centre as per following details

**A) General Experience**

| Designation | From | To  | Total periodYear/Months |     |
|-------------|------|-----|-------------------------|-----|
|             |      |     | NIL                     | NIL |
| NIL         | NIL  | NIL | NIL                     | NIL |
|             |      |     |                         |     |

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

| Designation | From | To  | Total periodYear/Months |     |
|-------------|------|-----|-------------------------|-----|
|             |      |     | NIL                     | NIL |
| NIL         | NIL  | NIL | NIL                     | NIL |
|             |      |     |                         |     |

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof 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)                 | Member   |                         |
| 3)                 | Member   |                         |
| 4)                 | Member   |                         |