

## 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 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 Year/Months	
Not Applicable				

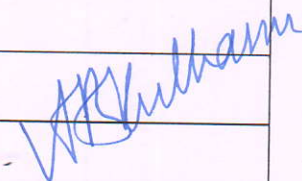
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Not Applicable				

(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: / /

Name of Visitors		Signature of Visitors
1)	Chairman	
2)	Member	
3)	Member	
4)	-Member	

  
**PRINCIPAL**  
 Dr. Anand B. Kulkarni  
 B.S.D.T'S Ayurved Mahavidyalaya  
 At Post-Wagholi, Tal-Haveli, Dist-Pune.