


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: Integrated Family Medicine (Graduate)This to Certify that Dr. _____ has worked in the Department of _____ Training Centre as per following details
No New Appointments**A) General Experience**

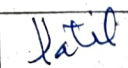
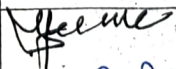

Designation	From	To	Total period Year/Months	

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

Designation	From	To	Total period Year/Months	

(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: 27/10/26

 Sign & Stamp
Dean/Principal/Head of Institute
Date: 27/10/26

Name of Inspectors		Signature of Inspectors	
1)	Dr. Dilip Pathy	Chairman	
2)	Dr. Sajay Agrawal	Member	
3)	Dr. Romi Patil	Member	
4)		Member	