

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	

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)

For

S. Ballu

Sign & Stamp
Head of the Department
Date

[Signature]

DEAN
Govt. Dental College & Hospital
Sign & Stamp
Aurangabad,
Dean/Principal/Head of Institute
Date