

**Annexure X  
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 .....

**NOT Applicable**

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)

Sign & Stamp  
Head of the Department  
Date : / /

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

**Name of Visitors**  
Chairman  
Member  
Member  
Member

**Signature of Visitors**



*[Handwritten Signature]*  
**Principal  
Jupiter Ayurved Medical College  
Nagpur.**

Signature of Member

Signature of Member

Signature of Chairman