

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

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 Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	


Principal

Unus Fazlani Unani Medical College &
Al-Fazlani Unani Hospital, Kunjkheda
Tal-Kannad Dist-Aurangabad 431103