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. .....**(Not Applicable)** ..... has worked in the Department of .....**(Not Applicable)** ..... 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 : / /

P.D.E.A'S College Of Ayurved And Research Centre NIGDI PUNE-44

Sign & Stamp

Dean/Principal/Head of Institute

Principal P.D.E.A'S College of Ayurved And Research Centre Pune - 411 044

Date: / /

Name of Visitors		Signature of Visitors
Dr. Sayaba Gaikwad	Chairman	12-2-25
Dr Pravin V. Waware	Member	12/02/2025
Dr. Abhijit Shinde	Member	12/2/25
Dr. Manthar L.S.	Member	12/02/25

Signature of Member | Signature of Member | Signature of Chairman

12-2-2025

171-A