



Jagdamba Education Society's

**MATOSHRI ASARABAI DARADE HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL**

At.Po - Babhulgaon, Tal - Yeola, Dist - Nashik - 423401.

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Outword No.

Date : / /20

**ANNEXURE- XIIb**

**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 periodYear/Months
NA			

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

Designation	From	To	Total periodYear/Months
NA			

(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 : / /



Principal  
Matoshri Asarabai Darade  
Homeopathic Medical College  
Babhulgaon, Tal. Yeola Dist. Nashik  
Dean/Principal/Head of Institute  
Date: / /

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