



# AYURVED MAHAVIDYALAY, RUGNALAY, PUSAD

Washim Road, Pusad Dist.Yavatmal (M.S.) 445215

☎ 07233-246247 Hospital ☎ 07233-247382

Email - ayurpusad @ rediffmail.com

Website : www.sgmayurpusad.com

**R.M.Jangid**

President

8329349061

**Dr.B.A.Patange**

Principal

9822993202

No./AMP/EST/

Date : 12/02/2024

## Annexure X Not Applicable 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 .....

This to Certify that Dr. .... has worked in the Department  
of ..... Training Centre as per following details

### A) General Experience

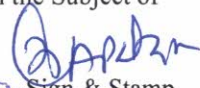
Designation	From	To	Total period Year/Months

### 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  
Institute  
Date : / /

  
Sign & Stamp  
Dean/Principal/Head of  
Ayurved Mahavidyalaya  
Pusad  
Date: / /

Name of Visitors  
Chairman  
Member  
Member  
Member

Signature of Visitors

Signature of Member

Signature of Member

Signature of Chairman