

**Annexure VI  
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
Not Applicable			

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

Designation	From	To	Total period Year/Months
Not Applicable			

(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  
Stamp  
Head of the Department  
Dean/Principal/Head of Institute  
Date : / /

Sign &

Date: / /

**Name of Visitors**  
Chairman  
Member  
Member  
Member

**Signature of Visitors**

