

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:- Certificate Course in "Modern Midlevel Service Provider"

This to Certify that Dr. Dilip Narayanrao Dhekale has worked in the Department of Community Medicine Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	23/07/2007	19/11/2007	0	4
Assistant Professor	24/09/2008	24/06/2012	3	9
Associate Professor	25/06/2012	30/06/2015	3	0
Professor	01/07/2015	Till date	7	7

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

Designation	From	To	Total periodYear/Months	
Professor	01/11/2019	Till Date	3	3

(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/Principa
Date: / /

Anne

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



(Handwritten Signature)
Dean

Dr. Ujhas Patil Medical College
& Hospital, Jalgaon Kh.

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:- Certificate Course in Modern Pharmacology.

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

C) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	12/09/2011	30/09/2015	4	0
Associate Professor	01/10/2015	31/07/2019	3	10
Professor	01/08/2019	Till date	3	6


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

Designation	From	To	Total period Year/Months	
Associate Professor	01/01/2017	31/07/2019	2	6
Professor	01/08/2019	Till Date	3	6

(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	


 Dean
 Dr. Ujhas Patil Medical College
 & Hospital, Jalgaon Kh.