

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:- Fellowship Courses (11 Subjects)

This to Certify that **Dr. A. T. Deshmukh** has worked in the Department of Pathology Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Months
Assi. Prof.	28-02-1984	10-02-1986	02 Yrs	--
	11-02-1986	10-01-1992	05 Yrs	11(m)
Assoc. Prof.	10-01-1992	01-04-2007	15Yrs	03(m)
Professor	02-04-2007	Till Date	15 Yrs	10(m)
Dean	30-10-2020	Till Date	02 Yrs	03(m)

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

Designation	From	To	Total period Year/Months	
			Year	Months
Assi. Prof.	28-02-1984	10-02-1986	02 Yrs	--
	11-02-1986	10-01-1992	05 Yrs	11(m)
Assoc. Prof.	10-01-1992	01-04-2007	15Yrs	03(m)
Professor	02-04-2007	Till Date	15 Yrs	10(m)
Dean	30-10-2020	Till Date	02 Yrs	03(m)

(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	