Hyperban C medicine and Buic wound

Annexure-"A"

Professional Teaching Experience Certificate for Fellowship/Certificate Courses

## Director/Mentor

Title of the Course applied for:-		•		
This to Certify that Dr. DY.	Manoj Medic	Ctupta ine Train	has worked in the ning Centre as per follo	Department owing details

## A) General Experience

Designation	From	То	Total period Year/Months
Director	2005	Till Date	17 years
mentor	2017-2018	Till Date	5 years

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

Designation	From	То	Total period Year/Months
Director	2010	Till Date	12 years

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Head of the Department

Date

Sign & Stamp

Dean/Principal/Head of Institute

Date