

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 in Oral Implantology**

Not applicable since there is no newly appointed mentor.


A) General Experience

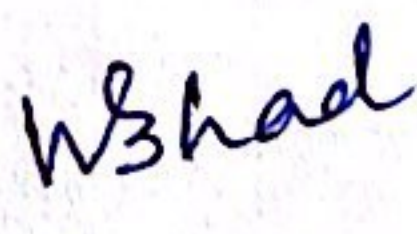
Designation	From	To	Total period Year/Months	
			Year	Months

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

Designation	From	To	Total period Year/Months	
			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
 Professor & Head of Department
 Head of the Department
 Govt. Dental College & Hospital
 Mumbai 400 001
 Date: 29/1/25


 Sign & Stamp
 Dean/Principal/Head of Institution
 Govt. Dental College & Hospital, Mumbai
 Date: 29/1/25

Name of Inspectors		Signature of Inspectors
	Chairman	
	Member	
	Member	
	Member	

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 in Geriatric Dentistry

Not applicable since there is no newly appointed mentor.


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 **Professor & Head of Department**
 Head of the Department **Prosthetic Department**
 Date: 29/1/25 / **Govt. Dental College & Hospital**
 Mumbai 400 001


 Sign & Stamp **Dean**
 Dean/Principal **Govt. Dental College & Hospital, Mumbai**
 Head of Institute
 Date: 29/1/25

Name of Inspectors		Signature of Inspectors
	Chairman	
	Member	
	Member	
	Member	

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 of Microdentistry**

Not applicable since there is no newly appointed mentor.

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
 Date: 24/1/25

Alora
 प्राध्यापक व विभागप्रमुख
 अंतर्देशीय विभाग
 बालरुम व ड. मुंबई-१

Sign & Stamp
 Dean/Principal/Head of Institute, Mumbai
 Date: 24/1/25

W3hael
 Dean
 Govt. Dental College & Hospital, Mumbai

Name of Inspectors		Signature of Inspectors
	Chairman	
	Member	
	Member	
	Member	