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 Course in Endodontics

This to Certify that Dr Yogesh L. Tandil has worked in the Department of . Conservative Dentistry & Endodontics. Training Centre as per following details

A) General Experience

Designation	From	То	Total period	Year/Months
Lecturer	17.02.2011	14.02.2013	13 Yrs.	10 1/2 Months
	17.04.2013	21.04.2014		
	22.04.2014	11.06.2015		
Reader	12.06.2015	11.06.2020		1
Professor	12.06.2020	till date (31.12.2024)		

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

Designation	From	То	Total perio	d Year/Months
Professor	27.11.2024	till date (31.12.2024)		1 Month

(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: 31.12.2024

Sign & Stamp

Dean/Principal/Head of Institute

Date: 31.12.2024

Name of Inspectors	
Chairman	,
Member	5
Member	
Member	
	Chairman Member Member

<u>Information to be submitted with respect to newly appointed mentors</u>

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- Fellowship Course in Endodontics

This to Certify that Dr Shrikant A. Shingane has worked in the Department of Conservative Dentistry & Endodontics. Training Centre as per following details

A) General Experience

Designation	From	То	Total per	iodYear/Months
Lecturer	01.10.2012	30.07.2016	12 Yrs.	3 Months
Lecturer	01.08.2016	30.09.2016		
Reader	01.10.2016	24.12.2020		
Reader	18.01.2021	17.122021		
Professor	18.12.2021	till date		

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

Designation	From	To	Total perio	d Year/Months
Professor	27.11.2024	till date (31.12.2024)		1 Month

(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: 31.12.2024

Sign & Stamp

Dela

Dean/Principal/Head of Institute

Date: 31.12.2024

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