

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	To	Total period Year/Months	
Lecturer	17.02.2011	14.02.2013	14 Yrs.	10 ½ Months
	17.04.2013	21.04.2014		
	22.04.2014	11.06.2015		
Reader	12.06.2015	11.06.2020		
Professor	12.06.2020	till date (31.12.2025)		

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

Designation	From	To	Total period Year/Months	
Professor	27.11.2024	till date (31.12.2025)	--	1 year 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 : 31.12.2025

R. B. D. J. J. J.
Sign & Stamp
Dean/Principal/Head of Institute
Date: 31.12.2025 **DEAN**
Dental College & Hospital
Amravati

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

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

A) General Experience

Designation	From	To	Total period Year/Months	
			Year	Months
Lecturer	01.10.2012	30.07.2016	13 Yrs.	3 Months
Lecturer	01.08.2016	30.09.2016		
Reader	01.10.2016	24.12.2020		
Reader	18.01.2021	17.12..2021		
Professor	18.12.2021	till date (31.12.2025)		

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

Designation	From	To	Total period Year/Months	
Professor	27.11.2024	till date (31.12.2025)	--	1 year 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 : 31.12.2025

R. Borkhede
Sign & Stamp
Dean/Principal/Head of Institute
Date: 31.12.2025
DEAN
Dental College & Hospital
Amravati

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