

ANNEXURE- VIII-A

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 Critical Care Medicine

This to Certify that **Dr.Kiran Todkari**, Assistant Professor has worked in the Department of **Anaesthesia** Training Centre as per following details

C) General Experience

Designation	From	To	Total periodYear/Months	
Assistant Professor,Anaesthesia	21-01-2013	17-10-2024	11 Year & 9 Month	12 year & 4 Months
Associate Professor,Anaesthesia	18-10-2024	Till Date	7 Month	

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

Designation	From	To	Total periodYear/Months	
Assistant Professor,Anaesthesia	21-01-2013	17-10-2024	11 Year & 9 Month	12 year & 4 Months
Associate Professor,Anaesthesia	18-10-2024	Till Date	7 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 : / /

Sign & Stamp
 Dean/Principal/Head of Institute
 Date: / /

प्राध्यापक व विभागाध्यक्ष प्रमुख
 अणुशरीरशास्त्र विभाग
 शासकीय वैद्यकीय महाविद्यालय
 उस्मानाबाद (धारशिव)

Dean,
 Government Medical College
 Dharashiv

