

**Shri Dhaneshwari Manav Vikas Mandal's**  
**S.S.V.P. Homoeopathic Medical College**  
**& Research Institute-Hatta**

(Recognised by Ayush Ministry-New Delhi, Govt. of  
 Maharashtra & Affiliated by Maharashtra University of Health Sciences, Nashik)

**Dr. V.K. Patil**  
 (President)



**Dr. Md. Hilal Abdul Hameed**  
 (Principal MD, HOM)  
 Cell : 9970719120

O/w No.: SDMVM/SSVP/HMC/Hatta

Date :



**ANNEXURE- XIIb**

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: - .....

This to Certify that Dr ..... has worked in  
 the Department  
 of ..... Training Centre as per  
 following  
 details

**A) General Experience**

Designation	From	To	Total period Year/Months


**B) Actual experience**



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  
 of Institute  
 Date :        /        /

  
 Sign & Stamp  
 Dean/Principal/Head  
**PRINCIPAL**  
 S.S.V.P. Homoeopathic  
 College & R.I, Hattā  
 Tq Basmath Dist. Hingoli  
**4 JAN 2024**