

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

Title of the Course applied for:-

This to Certify that Dr Maya Indurkar has worked in the Department Of Periodontics and Implantology Training Centre as per following details

A) General Experience


Designation	From	To	Total period Year/Months	
Dean , Professor of Dept of periodontics	18-07-1989	Till Date	36 years	432 months

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

Designation	From	To	Total period Year/Months	
Dean , Professor of Dept of periodontics	10-08-2009	Till Date	36 years	432 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


Sign & Stamp
Dean/Principal/Head of Institute
Date
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

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

Title of the Course applied for:-

This to Certify that Dr Kishor Mahale has worked in the Department Of Prosthodontics , crown and bridge Training Centre as per following details


C) General Experience

Designation	From	To	Total period Year/Months	
Professor and HOD of dept of Prosthodontics , crown and Bridge	12-09-2014	Till date	11 years	133 months

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

Designation	From	To	Total period Year/Months	
Professor and HOD of dept of Prosthodontics , crown and Bridge	12-09-2014	Till date	11 years	133 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


Sign & Stamp
Dean/Principal/Head of Institute
Date
Govt Dental College & Hospital,
Chhatrapati Sambhajnagar

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

Title of the Course applied for:-

This to Certify that Dr. Smita Khalikar has worked in the Department Of Prosthodontics , crown and bridge Training Centre as per following details

E) General Experience

Designation	From	To	Total period Year/Months	
Professor of dept of Prosthodontics , crown and Bridge	16-10-2000	Till date	25 years	302

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

Designation	From	To	Total period Year/Months	
Professor of dept of Prosthodontics , crown and Bridge	16-10-2000	Till date	25 years	302

(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
Govt. Dental College & Hospital,
Chhatrapati Sambhajnagar

ANNEXURE-"A"

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

Title of the Course applied for:-

This to Certify that C.D Dhalkare has worked in the Department Of Periodontics and Implantology
Training Centre as per following details


G) General Experience


Designation	From	To	Total period Year/Months	
Professor of Department Of <u>Periodontics and Implantology</u>	03-05-2018	Till date	7 years	84 months

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

Designation	From	To	Total period Year/Months	
Professor of Department <u>Periodontics and Implantology</u>	03-05-2018	Till date	7 years	84 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


Sign & Stamp
Dean/Principal/Head of Institute
Date
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

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

Title of the Course applied for:-

This to Certify that Dr J S Pagare has worked in the Department Of Oral medicine , diagnosis and radiology Training Centre as per following details

I) General Experience


Designation	From	To	Total period Year/Months	
HOD and Professor in dept of Oral medicine , diagnosis and radiology	09-01-2002	Till date	13 years	156 months

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

Designation	From	To	Total period Year/Months	
HOD and Professor in dept of Oral medicine , diagnosis and radiology	09-01-2002	Till DATE	13 years	156 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


Sign & Stamp
Dean/Principal/Head of Institute
Date
G.D. Dental College & Hospital
Chhatrapati Sambhaji Nagar