

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:-**Certificate Course of Modern Pharmacology**

This to Certify that **Dr.Sachin Balasaheb Patil** has worked in the Department of  
**Pharmacology Training Centre** as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
<b>Professor.</b>	<b>12/09/2023</b>	<b>Till Date</b>	<b>--</b>	<b>03 Months</b>

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

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each  
Mentor in the Subject of concerned Fellowship/Certificate Course)

Designation	From	To	Total period Year/Months	

Sign & Stamp

Head of the Department

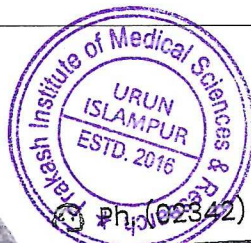
Date : / /

Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

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



*R.B. Karanbhale*  
DEAN

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• Founder •  
Nishikant Bhasole-Patil (Dada)