

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

Title of the Course applied for:-

This to Certify that Dr. Amit Patankar has worked in the Department of Patankar Hospital Pvt Ltd Training Centre as per following details

**A) General Experience**


Designation	From	To	Total period	
			Year	Months
Resident	01/03/1995	01/03/1996	01	00
Registrar	26/8/1996	28/8/1997	01	00

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


Designation	From	To	Total period	
			Year	Months
Endoscopic surgeon	2000	Pill date	21	02
Lecturer for Reproductive medicine	June 2012	Dec 2017	05	11

ICOG Fellowship

(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

