

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

Title of the Course applied for:-

This to Certify that Dr. Parag Biniwale 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
Lecturer for DNB	Feb 2006	June 2014	8	4
Lecturer for Reproductive medicine IC06	Jan 2012	Dec 2017	06	00


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

Designation	From	To	Total period	
			Year	Months
Lecturer in Dep of Obs & Gyn	Feb 2006	June 2014	08	04
Lecturer in Reproductive medicine IC06 Fellowship	Jan 2012	Dec 2017	06	00

(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

