

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor****A) Title of the course applied for : Fellowship course in Pediatric Intensive Care Unit.**

This is to Certify that **Dr Savita Haribhau Khadse** has worked in the Department of Pediatrics, LTMMC & LTMGH, Sion, Mumbai -400 022, Training Centre as per following details

B) General Experience :-

Designation	From	To	Total Period Year/Month	
Assistant Professor	13-11-2014	12-11/2024	10 Years	--
Associate Professor (Addl)	13-11-2024	Till Date		2 Months

C) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total Period Year/Month	
Assistant Professor	13-11-2014	12-11/2024	10 Years	--
Associate Professor (Addl)	13-11-2024	Till Date		2 Months

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

Chitambar

Sign & Stamp
Head of the Department
Date : 29 / 01 / 25

W. J. J. J.
Sign & Stamp 30 JAN 2025
Dean/Principal/Head of Institute
Date: Lokmanya Tilak Municipal General
Hospital & Medical College,
Sion, Mumbai - 400 022.

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