

Annexure - VIII
Professional/Teaching Experience Certificate for Fellowship/Certificate
Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: -Fellowship in Learning Disability and Neurodevelopmental pediatrics

This is to certify that Dr. Arpita Adhikari has worked in the Department of Pediatrics College / Institutes as per following details.

A) General Experience: -

| Designation | From | To | Total period Year / Month | |
|---------------------|-----------|------------|---------------------------|----------|
| Assistant Professor | 8-10-2007 | 9-1-2017 | 9 Yrs | 3 months |
| Associate Professor | 10-1-2017 | Till date` | 8Yrs | 0 months |

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

| Designation | From | To | Total period Year / Month | |
|---------------------|-----------|------------|---------------------------|----------|
| Assistant Professor | 8-10-2007 | 9-1-2017 | 9 Yrs | 3 months |
| Associate Professor | 10-1-2017 | Till date` | 8Yrs | 0 months |

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

Arpita Adhikari
Sign & Stamp
Head of the Department
Date: 29.1.25


Arpita Adhikari
Sign & Stamp 30 JAN 2025
Dean/Principal/Head of Institute
Date: DEAN
Lokmanya Tilak Municipal General
Hospital & Medical College,
Stn. Mumbai - 400 023.

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