

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

Title of the Course applied for: -Fellowship in Pediatric Neurology & Epilepsy

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
SA

Arpita Adhikari

Sign & Stamp 30 JAN 2025
Dean/Principal/Head of Institute
Date: DEAN

Lokmanya Tilak Municipal General
Hospital & Medical College,
Signature of
100 022.

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