

**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. Mona Gajre 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	6-10-2000	31-9-2008	8 Yrs	-
Associate Professor	1-10-2008	25-11-2012	4 Yrs	2 months
Professor	26-11-2012	Till date	12Yrs	2 months

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

Designation	From	To	Total period Year / Month	
Assistant Professor	6-10-2000	31-9-2008	8 Yrs	-
Associate Professor	1-10-2008	25-11-2012	4 Yrs	2 months
Professor	26-11-2012	Till date	12Yrs	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))**

*R. P. D. D. D.*

**Sign & Stamp**  
**Head of the Department**  
**Date: 29.1.25**

*[Signature]*

*[Signature]*  
**Sign & Stamp** 30 JAN 2025  
**Dean/Principal/Head of Institute**  
**Date:** DEAN

Lokmanya Tilak Municipal General  
Hospital & Medical College,

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