

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor**

Title of the Course applied for Fellowship in **Pediatric Gastroenterology, Hepatology and Nutrition**

This to Certify that **Dr. Prachi Karnik** has worked in the Department of **Pediatrics** at **Lokmanya Tilak Municipal Medical College and General Hospital** Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	15/01/2013	14/01/2023	10 years	-
Associate Professor (Additional)	15/01/2023	Till date	2 Years	-

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

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	15/01/2013	14/01/2023	10 years	-
Associate Professor (Additional)	15/01/2023	Till date	2 Years	-

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

Prachi Karnik

Sign & Stamp
Head of the Department
Date: 29/1/25

Prachi Karnik
20/1/25

Sign & Stamp
Dean/Principal/Head of Institute
Date: 29/1/25
Lokmanya Tilak Municipal General
Hospital & Medical College,
Sign. Number: 400 082.

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