

ANNEXURE-"VII-A"

**Professional Teaching Experience Certificate for Fellowship/Certificate
Courses Director/Mentor**

Title of the course applied for : Fellowship course in Pediatric Hematology-Oncology.

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

A) General Experience :-

| Designation | From | To | Total Period Year/Month | |
|---------------------|--------------|--------------|----------------------------|-----------|
| Assistant Professor | March 2008 | January 2016 | 7 years | 10 months |
| Associate Professor | January 2016 | Till date | 8 years | 10 months |

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

| Designation | From | To | Total Period Year/Month | |
|---------------------|------------|-----------|----------------------------|----------|
| Associate Professor | March 2008 | Till date | 16 years | 8 months |
| | | | | |

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


Sign & Stamp
Head of the Department
Date : 29/01/2025 


Sign & Stamp 30 JAN 2025
Dean/Principal/Head of DEAN
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 | |