

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. Vibhor Borkar** has worked in the Department of **Pediatrics** at **Lokmanya Tilak Municipal Medical College and General Hospital** Training Centre as per following details

C) General Experience

Designation	From	To	Total period Year/Months	
			Year	Months
Visiting Consultant	10/11/2015	12/11/2018	3 years	0 months
Visiting Consultant	30/07/2019	30/07/2020	1 year	0 months
Visiting Consultant	01/02/2021	Till Date	3 years	11 months

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

Designation	From	To	Total period Year/Months	
			Year	Months
Visiting Consultant	10/11/2015	12/11/2018	3 years	0 months
Visiting Consultant	30/07/2019	30/07/2020	1 year	0 months
Visiting Consultant	01/02/2021	Till Date	3 years	11 months

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

Bhul Singh

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

Vijom 30/1/25

Sign & Stamp
Dean/Principal/Head of Institute
Date: Lokmanya Tilak Municipal General
Hospital & Medical College,
Sign: Mumbai - 400 022.

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