

**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 NEONATOLOGY

This to Certify that Dr. SWATI MANERKAR has worked in the Department of NEONATOLOGY Training Centre as per following details

**A) General Experience**

Designation	From	To	Total periodYear/Months	
Assistant Professor	5.12.2008	31.12.2016	8 years	
Associate Professor	1.1.2017	14.10.2022	5 years	10 months
Professor (Adhoc)	15.10.2022	Till date	2year	4 months

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	5.12.2008	31.12.2016	8 years	
Associate Professor	1.1.2017	14.10.2022	5 years	10 months
Professor (Adhoc)	15.10.2022	Till date	2year	4 months

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

*Swati*

Sign &amp; Stamp

Head of the Department  
 Professor & Head  
 Date 31/01/2025  
 Department of Neonatology  
 Lokmanya Tilak Municipal Medical College,  
 & General Hospital, Sion, Mumbai-400 022

*MC*  
 Sign & Stamp  
 DEAN  
 Lokmanya Tilak Municipal General  
 Hospital & Medical Institute  
 Sion, Mumbai - 400 022  
 01 FEB 2025

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