

Professional Teaching Experience Certificate for Certificate Course Mentor

Title of the Course applied for:- **Certificate Course for Ayurveda Nursing**

This to Certify that **Dr. Shubhangi Dnyaneshwar Dighade** has worked in the Department of **Dr. Rajendra Gode Ayurved College, Hospital & Research Centre, Amravati Training Centre** as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Professor	17/12/2019	Till Date	2 years	5 months

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

Designation	From	To	Total period Year/Months	
Mentor	10/08/2020	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)


H.O.D.**Kayachikitsa**

**Dr. Rajendra Gode Ayurved College,
Hospital & Research Center, Amravati**

Sign & Stamp**Head of the Department**Date **23/05/2022**

Sign & Stamp**Dean/Principal/Head of Institute**Date **23/05/2022****Principal**

**Rajendra Gode Ayurved College,
Hospital & Research Center, Amravati**