

**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 COURSE IN ORAL IMPLANTOLOGY**This to Certify that Dr. Vrinda Kolte, has worked in the Department of ORAL AND MAXILLOFACIAL SURGERY.  
Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Senior Lecturer	1/6/2002	31/5/2005	3	
Associate Professor	1/6/2005	31/5/2010	5	
Professor	1/6/2010	Till date	13	

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

Designation	From	To	Total period Year/Months	
Senior research fellow				

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

**Dr. S. K. SHENOI**  
 Sign & Stamp  
 Professor, Head & Vice-Dean  
 Head of the Department  
 Dept. of Oral & Maxillofacial Surgery  
 Ranjeet's Dental College & Research Centre  
 Digidoh Hills, Hingna Road, Nagpur

**Ranjeet Deshmukh**  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date: / /

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



**Ranjeet Deshmukh**  
 DEAN  
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