

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:- **Rotary Endodontics**

This to Certify that **Dr.Pradeep Shetty** has worked in the Department of **Conservative Dentistry & Endodontics** Training Centre as per following details

A) General Experience

Designation	From	To	Total periodYear/Months	
Professor & HOD DYPDS Pune	19/04/2022	Till Date	1	7
Professor D Y Patil Pimpri	01/07/2019	04/10/2021	2	3
Reader D Y Patil Pimpri	1/10/2013	30/06/2019	5	9
Lecturer D Y Patil Pimpri	01/08/2009	30/09/2013	4	2
			13 Years	9 Months

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

Designation	From	To	Total periodYear/Months	
Professor & HOD	Nil	Nil	Nil	Nil

Title of the Course applied for:- **Rotary Endodontics**

This to Certify that **Dr. Kiran Keswani** has worked in the Department of **Conservative Dentistry & Endodontics** Training Centre as per following details

C) General Experience

Designation	From	To	Total periodYear/Months	
Professor DYPDS Pune	01/08/2020	Till Date	3	4
Reader DYPDS Pune	01/09/2015	31/07/2020	4	11

Reader NIMS Jaipur	31/12/2013	31/07/2015	1	7
Reader Vyas Dental College, Jodhpur	03/09/2013	30/12/2013	0	3
Lecturer Vyas Dental College, Jodhpur	03/09/2009	02/09/2013	4	0
			14 Years	1 Month

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

Designation	From	To	Total period Year/Months	
Professor	Nil	Nil	Nil	Nil

(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 : / /

Dean
D. Y. Patil Dental School
Sign & Stamp
Dean/Principal/Head of Institute
Date: / /

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