

**Annexure'A'**

**TEACHING EXPERIENCE CERTIFICATE**

Certified \_\_\_\_\_ that  
Dr. \_\_\_\_\_ has acquired  
teaching experience as Registrar/ Tutor/ Demonstrator/ Senior  
Resident from \_\_\_\_\_ to \_\_\_\_\_ in the  
Department of \_\_\_\_\_ (herein after  
called "the discipline/subject") in \_\_\_\_\_  
(herein after called "the institution").

The institution is a teaching institution duly recognised by  
the Medical Council of India (now National Medical Commission)  
vide No. \_\_\_\_\_ dated \_\_\_\_\_  
and the above period is considered as teaching experience for  
the post of Lecturer/ Assistant Professor in Medical Education  
Department.

Signature \_\_\_\_\_ of  
HoD/ Principal

Dated: \_\_\_\_\_

*(Note: Any kind of leave to be deducted from the above period  
shall also be mentioned in the certificate).*