

**Certificate Course in Hyperbaric  
Medicine and Basic Wound Management.**

ANNEXURE-"A"

**Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:-

This to Certify that Dr. Dr Manoj Gupta ..... has worked in the Department  
of Hyperbaric medicine ..... Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Director	2005	fill- Date.	12 years-	
Mentor	2017-2018	fill date	5 years-	

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

Designation	From	To	Total period Year/Months	
Director	2010	fill date	12 years.	

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

*[Handwritten Signature]*

Sign & Stamp  
Head of the Department  
Date



*[Handwritten Signature]*

Sign & Stamp  
Dean/Principal/Head of Institute  
Date