



Guru Gobind Singh Indraprastha University
Sector- 16-C, Dwarka, New Delhi-110078
Website: www.ipu.ac.in



F.No. GGSIPU/DAA/TR/Medical/2023/5504

Dated: 16/11/2023

CIRCULAR-III

Sub: Inviting applications from Non-Teaching Specialists/Medical officers of Medical Colleges/Institutions affiliated to GGSIP University who have been previously granted equated teaching designation by GGSIP University, for consideration of grant of next higher teaching designation under Statute 18 of the First Statutes of GGSIP University Act No. 09 of 1998 and other applicable University Regulations.


Applications are invited from Non-Teaching Specialists/ Medical Officers of Medical Colleges/Institutions affiliated to GGSIP University previously granted equated teaching designation by GGSIP University, for consideration of grant of next higher teaching designation, in the attached Form II, from:

- i. All those working as Non-Teaching Specialists/Medical officers in Medical Colleges/Institutions affiliated to GGSIP University, who have been previously granted equated teaching designation by the GGSIP University for consideration of grant of next higher teaching designation.
- ii. All candidates, who may have applied earlier but have not received upgradation, should apply afresh with all relevant documents.
- iii. The dully filled applications in the prescribed proforma and NMC faculty Declaration form alongwith all the relevant supportive documents, duly considered and forwarded by the Head of the Institution (i.e. Principal/Dean/ Director/Medical Superintendent as the case may be) of the affiliated Medical Colleges/ Institutions, must be submitted in the University latest by 16th December, 2023 upto 5:00 P.M at Personnel Branch, Room No. 115, Administrative Block, GGSIP University, Sector-16C, Dwarka, New Delhi-110078.

The University shall not entertain any direct application, from the candidate or application not duly considered and forwarded by the Head of the Institution (i.e. Principal/Dean/Director/ Medical Superintendent as the case may be) of the concerned Medical Colleges/Institutions. Also, incomplete applications as well as applications received after the last date shall not be considered.

Encl.

Copy of Application Form II & NMC faculty Declaration form


(Prof. C. S. Rai)
Director, Academic Affairs

Copy to:

1. Dean, USM&PMHS, GGSIP University.
2. AR, VC Secretariat for kind information to Hon'ble Vice Chancellor, GGSIP University.
3. AR, Office of Registrar, GGSIP University.
4. Principal/Dean/Director/Medical Superintendent of concerned Medical Colleges /Institutions affiliated to GGSIP University.
5. In-charge, UITS for uploading on University web site.
6. Guard File.



Guru Gobind Singh Indraprastha University
Sector-16c Dwarka, New Delhi-110078
Personnel Branch



Form II

Application form for those working as Non-Teaching Specialists/Medical Officers in medical colleges/Institutions affiliated to GGSIP University who stand recognized by GGSIP University as teachers and are eligible for upgradation.

No applications for fresh equated designation should be submitted by college

Designation applied for: _____

Affix a recent passport
Size photograph of the
Employee duly signed
by the
Principal/Director/
Dean of the
College/Institute

1. Name of Applicant: _____
2. Name of Medical Institution: _____
3. Date of Joining present Medical Institution: _____
in the post of _____

4. Department: _____

5. Contact Details: Tel. (Office) _____

Tel. (Residence) _____

E-mail address _____

Mobile Number _____

6. CHS/State Govt./ESI Positions held in the Medical College: (Attach copy of order(s))

(i) _____ from _____ to _____

(ii) _____ from _____ to _____

(iii) _____ from _____ to _____

(iv) _____ from _____ to _____

7. Present post held under parent cadre in CHS/ESIC/Other Govt. Service:

Post: _____

Name of Institution: _____

8. Teaching Designations previously granted to the applicant by GGSIP University
(Attach a copy of the order)

(i) Assistant Professor on _____

(ii) Associate Professor on _____

9. Designation applied for: _____

1 Details of Research Publications

Only list those publications which are acceptable under the NMC regulations applicable on the date the works were published.

S.No.	Title of research paper	Type of paper: Original research/ Review/Case report/ Case Series/Meta- analysis/Letter to Editor	Authorship First / second/ third and/or correspondin g	Name of the journal and Name of indexing database service with which it is indexed (attach proof of indexing of the journal form indexing site)	If published, date of publication*	If accepted, date of acceptance*
1.						
2.						
3.						
4.						
5.						

*The NMC publication regulations which were applicable on the date of publication of the work will apply.

** Please provide the reprints and photocopies of acceptance letters / all research publications stated above. Append two eligible publications if applying for associate professor; and four eligible publications on a cumulative basis if applying for professor, of which minimum of two publications must be published during the tenure of being associate professor.

11. Details of Basic Course in Medical Educational Technology from a NMC designated institution (attach proof)

12. Details of Basic Course in Biomedical research from a NMC designated Institution (attach proof)

Declaration by the Applicant

1. I, Dr. _____ am working as (current post in CHS/State Govt./ESI) _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am a full-time teacher and working from _____ A.M. to _____ P.M. daily at this Institute /College.
2. I have provided complete details of my work experience and I have not concealed any information.
3. I hereby declare that each statement in the application form and the contents of declaration and the documents and certificates submitted by me are true and correct. If any statement given in this declaration form is found to be false or incorrect, it will constitute as gross misconduct on the applicant's part and render him/her liable to punitive disciplinary action.

Date:
Place:

Signature of the Applicant
with official stamp

Endorsement

1. This endorsement is a certification that the undersigned have satisfied themselves about the correctness and veracity of the facts submitted in the application and that the declarations given by the applicant are true and correct. The copies of the certificates/documents submitted by the candidate have been verified by comparing them with the original certificates/documents as existing on record and they have been found to be correct and authentic.
2. We also confirm that Dr. _____ is not practicing or carrying out any other activity during college working hours i.e. from _____ A.M. to _____ P.M. since the date he/she has joined the Institute
3. **In the event any declarations given by the applicant turn out to be incorrect or false, it is understood and accepted that the undersigned shall also be responsible for any such misdeclaration**

Date:
Principal/Director
Place:

Signature of the HOD
Official Stamp

Signature of the
Official Stamp

Enclosures

S. No.	Documents	Submitted
1	True copy of the certificate issued by the GGSIP University/Office Order of GGSIP University certifying previously held recognition as teacher (self attested)	Yes/No
2	True photocopies of the published research papers with proof of indexing of the journal from the specific indexing site (self attested)	Yes/No
3	True copy of the present and previous posting orders as non-teaching specialist/medical officers to the institution/organization and the department the applicant has served in the post and is currently serving.	Yes/No

Signature of the applicant
Official stamp
Date:

Signature of the Head of Department
Official stamp
Date:

Signature of Principal/ Dean /Director/Head of instituion
Official stamp
Date:

Please note: This Application Form will not be accepted and the applicant will not be considered for grant of recognition as a teacher if any of the above documents are not found attached with the application form.

Faculty Declaration Form (For AY _____)

Name of the College: _____

Assessment date	__ / __ / ____	Remarks and Signature of Assessor
Accepted	Yes / No	
Assessor's name		

Note: It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee and has not appeared for assessment in any other college for any discipline and in any capacity during the stated academic year.

1. Name of Faculty: _____

2. Age & Date of birth: _____ (Years) ____ / ____ / _____

3. Photo ID submitted: PAN Card/Aadhar Card/Voter ID/Passport copy

Number: _____

Issuing Authority: _____

Note:

- (i) Declaration forms without a valid government issued Photo ID will NOT be accepted.
- (ii) It is mandatory to produce Original certificates at the time of verification.
- (iii) Only certificates/documents/certified translations in the English language will be accepted.

Attach a recent passport size color photograph with signature and seal of the Principal / Dean across it

4. Present Designation: _____

a. Appointment order: Certified copy of order at this institute attached: Yes / No

b. Department: _____

c. College/Institute: _____

d. City / District: _____

- e. Appointment:
- (i) Regular/Contractual/Ad-hoc basis
 - (ii) Full time /Part time
 - (iii) With Private practice / Without Private practice

f. Date of appearance in last MCI/NMC assessment:

i. UG / PG / Any other: _____

ii. Name of College: _____

iii. Whether appeared and accepted at the same College: Yes / No

iv. Whether appeared and accepted for the same designation: Yes / No

v. Whether retired from Government Medical College: Yes / No

vi. If yes, designation at the time of retirement: _____

Signature of the Faculty

Signature & Seal of Dean

5. Complete Residential Address of the employee:

a. Present: _____

b. Permanent: _____

6. Copy of Proof of Residence submitted and original verified: Yes / No

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

7. Contact details:

a. Office telephone with STD code: _____

b. Residence telephone with STD code: _____

c. Mobile Phone Number: _____

d. Email address: _____

8. Date of joining the present institution: ____ / ____ / ____

9. Joining report verified / attached Yes / No

10. Have you attended the 'Basic Course Workshop' for training in MET: Yes / No.

If Yes, give details (strike out whichever is not applicable):

a. at MCI/NMC Regional MET Centre: Yes / No.

b. at your college under Regional Centre observership: Yes / No

i. Name of Observer: _____

11. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
MBBS				
MD/MS				
DM/MCh				
PhD				

a. MD/MS subject: _____

b. DM/MCh subject: _____

c. PhD subject: _____

12. Copies of educational qualifications:

- a. Copies of MBBS & PG Degree certificates verified and attached: Yes / No
- b. Copies of MBBS & PG Degree Registration verified and attached: Yes / No

13. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident			__/__/__	__/__/__	__(y)__(m)
Senior Resident			__/__/__	__/__/__	__(y)__(m)
Tutor			__/__/__	__/__/__	__(y)__(m)
Asst. Professor			__/__/__	__/__/__	__(y)__(m)
Assoc. Professor			__/__/__	__/__/__	__(y)__(m)
Professor			__/__/__	__/__/__	__(y)__(m)

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		__/__/__	__/__/__	__(y)__(m)
Classified Specialist		__/__/__	__/__/__	__(y)__(m)
Advisor		__/__/__	__/__/__	__(y)__(m)

* Note: Documents in support of each posting to be furnished for verification

14. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

15. Details of employment before joining the present institution:

- a. Name of College/Institution: _____
- b. Designation: _____ Date on which relieved: __/__/__
- c. Reason for being relieved: Tendered resignation / Retired / Transferred / Terminated
- d. Relieving order issued by previous institution verified and attached: Yes / No

16. PAN Card Number:

17. Aadhar card Number:

18. I have drawn total emoluments from this college in the current financial year as under:

Month	Amount Received	TDS
1. April _____		
2. May _____		
3. June _____		
4. July _____		
5. August _____		
6. September _____		
7. October _____		
8. November _____		
9. December _____		
10. January _____		
11. February _____		
12. March _____		

[Copy of PAN card & Form 16 (downloaded from TRACES) for FY 2019-20 (Assessment Year 2020-21) to be attached]

19. Number of Research articles in Indexed Journals:

- a. International Journals: _____
- b. National Journals: _____
- c. State / Institutional Journals: _____

20. Details of other publications:

- a. Number of Books published: _____
- b. Number of Chapters in books: _____

DECLARATION

1. I, Dr. _____ am working in the capacity of _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am employed as a full time teaching faculty, working from __: __ A.M. to __: __ P.M. daily at this Institute.
2. I have not made myself available to any other Medical College/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing Home / Clinic / Hospital in the city of _____ in _____ State and my hours of private practice are from __: __ AM/PM to __: __ AM/PM.
4. I am not working in any other medical/dental college in or outside the State in any capacity: Regular/Contractual/Ad-hoc or Full time/Part time/Honorary.
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date:

Place:

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates/documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that Dr. _____ is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from __:__ AM to __:__ PM, since she/he has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the misdeclaration or misstatement.

Date:

Place:

Signature (Head of Dept.)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

SI	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean/Principal of college	Yes / No
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card	Yes / No
3.	Certified copy of Appointment order of the present Institute.	Yes / No
4.	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/ Aadhar Card	Yes / No
5.	Joining report at the present institute.	Yes / No
6.	Copies of MBBS, PG, PhD degrees (as applicable).	Yes / No
7.	Copies of MBBS, PG, PhD degree Registration Certificates (as applicable).	Yes / No
8.	Copy of experience certificates of all teaching appointments before joining present post.	Yes / No
9.	Relieving order from the previous institution/posting.	Yes / No
10.	Copy of PAN Card	Yes / No
11.	Form 16A (downloaded from TRACES) for FY 2019-20 (Assessment Year 2020-21)	Yes / No
12.	Letter head (in case of teachers who are practicing)	Yes / No
13.	Copy of letter from affiliating University recognizing as UG teacher	Yes / No
14.	Copy of letter from affiliating University recognizing as PG teacher (for PG assessment)	Yes / No
15.	Copy of Aadhar Card	Yes / No

Signature of Faculty
Date:

Signature of the HoD.
Date:

Signature of Head of Institute
Date:

Signed & Verified (Assessor)
Date:

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submissions in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.