

F.No. GGSIPU/Medical/Estt.(T)/2025/9790

Dated: 02.12.2025

CIRCULAR

Sub: Recognition/Upgradation of Teaching Designation of Medical Colleges/Institutions affiliated to GGSIP University under Statute 18 of GGSIP University Act and other applicable University Regulations.

Applications are invited from Teaching Specialists of Medical Colleges/Institutions affiliated to GGSIP University for recognition. Following category of faculty working in Medical Colleges Affiliated to GGSIP University may apply in respective Forms i.e. Form-I & Form-II.

Form-I: All those working as Regular Teaching Specialist in Medical Colleges/Institutions affiliated to GGSIP University who are to be recognized as first time teaching designation.

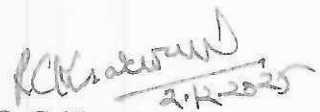
Form-II: All those working in Medical Colleges/Institutions affiliated to GGSIP University, who require upgradation.

Instructions:

- i. The duly filled applications in the prescribed Proforma i.e. **Form-I** for first time teaching designation and **Form-II** for upgradation as per NMC guideline, duly counter signed by the Head of the Institution (i.e. Principal/Dean/ Director/Medical Superintendent as the case may be) of the affiliated Medical Colleges/ Institutions alongwith the supportive and requisite Documents/Certificate/Order may be submitted to this University
- ii. The Head of the Institutions (Principal/Dean/ Director/Medical Superintendent) will constitute an Internal Scrutiny Committee, who will compile the data of each and ensure eligibility of applicant before sending to this University. The format for compilation of data of Form I and Form II are attached.
- iii. The Head of the Institution will also take utmost care before forwarding the application and will ensure that the applicant is eligible in all respect as per NMC Norms and Internal Scrutiny committee has also found them eligible.
- iv. Each application will also be duly counter signed by Head of the Institution and will be forwarded alongwith all relevant documents only in physical mode to **Deputy Registrar, Establishment (Teaching)** latest by **31st December, 2025 upto 5:00 P.M at Room No. 113, Administrative Block, GGSIP University, Sector-16C, Dwarka, New Delhi-110078.**

Encl.

- Copy of Application Form-I & Form-II.
- Format of compilation of Form I & Form II.



(R. C. Kesarwani)

Deputy Registrar (Estt. Teaching)

Copy to:

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



(Ajay Kumar)

Assistant Registrar (Estt. Teaching)



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
(A State University Established by the Govt. of NCT of Delhi)
SECTOR-16-C, DWARKA, NEW DELHI-110078
(Establishment Branch-Teaching)
Email ID: teaching@ipu.ac.in Ph. 011-25302187



Form-I

Application form for those working as Regular Teaching Specialists in Medical Colleges/Institutions affiliated to GGSIP University, who are to be recognized as first time teaching designation

(Not applicable to medical officers and non-teaching specialists who have been temporarily placed in teaching cadre by their employers)

1. Designation applied for: _____

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

(a) Name of Applicant: _____

(b) Date of Birth and Age: _____

(c) Date of appointment: _____ as _____

(d) Name of Medical College where currently working: _____

(e) Date of joining present Institution/ Medical College: _____

(f) Department: _____

(g) Date of transfer from other Institution, and if so, the position previously held _____

(h) Any break/ discontinuity in service? If yes, from: _____ to _____

(i) Contact Details: Tel. (Office) _____

Tel. (Residence) _____

E-mail Address _____

Mobile Number _____

2. Present CHS/ State Govt/ ESI Designation in the Institution

	Designation	Permanent/Regular/Contractual/ Ad Hoc	Full Time/Part Time	Date of Designation	Order number
CHS/ State Govt/ ESI					

(Attach self-attested copy of all documents)

3. Details of Previous Teaching Designation held before joining GGSIPU

No	Name of Institution	Designation	Department	Permanent Regular / Contractual / Ad hoc	Full Time/ Part Time	Name of University	Date	Order No.
1								
2								
3								
4								

(Attach self-attested copy of all documents)

4. Academic qualifications:

Qualification	College	University	Year
MBBS			
MD /MS/ DNB/Equivalent			
DM/MCh/Dr.NB/Equivalent			

(Attach self-attested copies of MBBS/ MD/ MS/ DM/ MCh/ DNB degrees)

If DNB, and not MD/MS, number of years of post DNB experience in 500 or more bedded hospitals:

5. Details of Teaching experience

Designation	Name of Institution	Department	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Senior Resident					
Assistant Professor					
Associate Professor					
Professor					
Director Professor					

(Attach self-attested copy of all documents)

6. Details of Research Publications

Details of Articles Published as SR From _____ To _____

Period	TOTAL NUMBER OF ARTICLES =			
	Number of Accepted Articles	Number of Published Articles	Number of Indexed articles	Number of Non Indexed articles
SR				
Assistant Professor				
Associate Professor				

List only those publications which are acceptable under the NMC regulations, applicable on the date the works were published

Details of Articles Published as SR						
S.No.	Title of Last 2 papers	Authorship First / second/ third and/ or corresponding	Type of paper: Original research/ Review/ Case report/ Case Series/ Meta-analysis/ Letter to Editor	Date of Acceptance/ Publication	Name of Journal	Indexing of Journal with ISSN No.
1.						
2.						

Details of Articles Published as Assistant Professor						
From _____ To _____						
S.No.	Title of Last 2 papers	Authorship First / second/ third and/ or corresponding	Type of paper: Original research/ Review/ Case report/ Case Series/ Meta- analysis/ Letter to Editor	Date of Acceptance/ Publication	Name of Journal	Indexing of Journal with ISSN No.
1						
2						

Details of Articles Published as Associate Professor						
From _____ To _____						
S.No	Title of Last 2 papers	Authorship First / second/ third and/ or corresponding	Type of paper: Original research/ Review/ Case report/ Case Series/ Meta- analysis/ Letter to Editor	Date of Acceptance/ Publication	Name of Journal	Indexing of Journal with ISSN No.
1						
2						

Please provide the reprints and photocopies of acceptance letters/ Research publications of last 2 papers as SR/ Assistant Professor/ Associate Professor, as applicable.

(Attach proof of indexing of the journal from indexing site)

7. Details of Basic Course in Medical Educational Technology from a NMC designated Institute with dates (attach proof)

8. Details of Basic Course in Biomedical Research from a NMC designated Institute with dates (attach proof)

Declaration by the Applicant

1. I, Dr. _____ is working as _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am a full-time teacher and working at this Institute /College.

2. I hereby declare that the information given above and the enclosed documents is correct and true to the best of my knowledge and belief and nothing has been concealed therein. I understand that if any of information given by me is found to be false, I will have to face the punishment as per the law and all the benefits availed by me shall be summarily withdrawn.

Date:

Place:

Signature of the Applicant
with official stamp

Declaration by the Principal/Dean/Director

1. I declare and affirm that statement/information/documents provided by applicant is true and correct to the best of our knowledge and belief.
2. The copies of the certificates/documents submitted by the candidate have also been verified with the original certificates/documents and found to be correct and authentic. If any information or document found to be incorrect at later stage by authority, the applicant will face disciplinary action and prosecuted as per law and any benefits availed by him will be withdraw.
3. We also confirm that Dr. _____ is not practicing or carrying out any other activity during college working hours since the date he/she has joined the Institute

Date:

Place:

Signature of the HOD
Official Stamp

Signature of the Principal/Dean/Director
Official Stamp

Enclosures

S. No	Documents	Submitted
1.	Recent passport size photo of the Employee, signed by Principal/ Dean/ Director of the College/ Institute	Yes/No
2.	Certified copies of appointment order at present Institute/ Transfer order	Yes/No
3.	Joining report at the present Institute (Self-attested)	Yes/No
4.	Relieving order from the previous Institute (Self-att)	Yes/No
5.	Copy of all Teaching appointments held before joining present Institute (Self-attested)	
6.	Copies of Degree certificates of MBBS, DM, MCh, DNB or any other relevant degree (Self-attested)	Yes/No
7.	Copy of Experience certificates for all teaching appointments held (Self-attested)	Yes/No
8.	List of publications and copies of last 2 published research papers, as SR/ Assistant Professor/ Associate Professor, as applicable, with definitive proof of indexing of the journal from the specific indexing site (Self-attested).	Yes/No
9.	Certificate of Basic Course in Medical Educational Technology from a NMC designated Institute.	Yes/No
10.	Certificate of Basic Course in Biomedical research from a NMC designated Institute.	Yes/No

Signature of the applicant

Official stamp

Date:

Signature of the Head of Department

Official stamp

Date:

Signature of Principal/ Dean /Director

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.



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(Establishment Branch-Teaching)
Email ID: teaching@ipu.ac.in Ph. 011-25302187



Form II

**Application form for those working as Regular Teaching Specialists / Non-Teaching Specialists/
Medical officers in Medical Colleges/Institutions affiliated to GGSIP University who stand
recognized by the university and are eligible for Upgradation**

Designation applied for: _____

(a) Name of Applicant: _____

(b) Date of Birth and Age: _____

(c) Name of Medical College where currently working: _____

(d) Date of joining present Institution/ Medical College: _____

(e) Department: _____

(f) Date of transfer from other Institution, and if so, the position previously held _____

(g) Any break/ discontinuity in service? If yes, from: _____ to _____

(h) Contact Details: Tel. (Office) _____

Tel. (Residence) _____

E-mail address _____

Mobile Number _____

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

1. Present CHS/ State Govt/ ESI and GGSIPU Designations

	Designation	Date of Designation	Order number	Regular/Contractual/ Ad Hoc	Full Time/Part Time
CHS/ State Govt/ ESI					
GGSIPU					

(Attach self-attested copy of all documents)

2. Previous CHS/ State Govt/ ESI and GGSIPU Designations

	CHS/ State Govt/ ESI			GGSIPU			Regular/Contractual/Ad Hoc
S.No	Designation	Date	Order No.	Designation	Date	Order No.	
1							
2							
3							
4							

(Attach self-attested copy of all documents)

3. Details of Teaching experience

Designation	Name of Institution	Department	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Senior Resident					
Assistant Professor					
Associate Professor					
Professor					
Director Professor					

(Attach self-attested copy of all documents)

4. Details of Research Publications

Period	TOTAL NUMBER OF ARTICLES =			
	Number of Accepted Articles	Number of Published Articles	Number of Indexed articles	Number of Non Indexed articles
SR				
Assistant Professor				
Associate Professor				

List only those publications which are acceptable under the NMC regulations, applicable on the date the works were published

<p align="center">Details of Articles Published as SR</p> <p align="center">From _____ To _____</p>
--

	Title of Last 2 papers	Authorship First / second/ third and/ or corresponding	Type of paper: Original research/ Review/ Case report/ Case Series/ Meta- analysis/ Letter to Editor	Date of Acceptance/ Publication	Name of Journal	Indexing of Journal with ISSN No.
1						
2						

Details of Articles Published as Assistant Professor

From _____ To _____

	Title of Last 2 papers	Authorship First / second/ third and/ or corresponding	Type of paper: Original research/ Review/ Case report/ Case Series/ Meta- analysis/ Letter to Editor	Date of Acceptance/ Publication	Name of Journal	Indexing of Journal with ISSN No.
1						
2						

Details of Articles Published as Associate Professor

From _____ To _____

	Title of Last 2 papers	Authorship First / second/ third and/ or corresponding	Type of paper: Original research/ Review/ Case report/ Case Series/ Meta- analysis/ Letter to Editor	Date of Acceptance/ Publication	Name of Journal	Indexing of Journal with ISSN No.
1						
2						

Please provide the reprints and photocopies of acceptance letters/ Research publications of last 2 papers as SR/ Assistant Professor/ Associate Professor, as applicable.
(Attach proof of indexing of the journal from indexing site)

6. Details of Basic Course in Medical Educational Technology from a NMC designated Institute with dates (attach proof)

7. Details of Basic Course in Biomedical Research from a NMC designated Institute with dates (attach proof)

Declaration by the Applicant

1. I, Dr. _____ is working as _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am a full-time teacher and working at this Institute /College.

2. I hereby declare that the information given above and the enclosed documents is correct and true to the best of my knowledge and belief and nothing has been concealed therein. I understand that if any of information given by me is found to be false, I will have to face the punishment as per the law and all the benefits availed by me shall be summarily withdrawn.

Date:

Place:

Signature of the Applicant
with official stamp

Declaration by the Principal/Dean/Director

1. I declare and affirm that statement/information/documents provided by applicant is true and correct to the best of our knowledge and belief.
2. The copies of the certificates/documents submitted by the candidate have also been verified with the original certificates/documents and found to be correct and authentic. If any information or document found to be incorrect at later stage by authority, the applicant will face disciplinary action and prosecuted as per law and any benefits availed by him will be withdraw.
3. We also confirm that Dr. _____ is not practicing or carrying out any other activity during college working hours since the date he/she has joined the Institute

Date:
Place:

Signature of the HOD
Official Stamp

Signature of the Principal/Dean/Director
Official Stamp

Enclosures

S. No.	Documents	Submitted
1.	Recent passport size photo of the Employee, signed by Principal/ Dean/ Director of the College/ Institute	Yes/No
2.	Certified copies of appointment orders at present Institute	Yes/No
3.	Joining report at the present Institute (Self-attested)	Yes/No
4.	Copies of CHS/ State Govt/ ESI and GGSIPU Designations (Self-attested)	Yes/No
5.	Copy of Experience certificates for all teaching appointments held (Self-attested)	Yes/No
6.	List of publications and copies of last 2 published research papers, as SR/ Assistant Professor/ Associate Professor, as applicable, with definitive proof of indexing of the journal from the specific indexing site (Self-attested).	Yes/No
7.	Certificate of Basic Course in Medical Educational Technology from a NMC designated Institute.	Yes/No
8.	Certificate of Basic Course in Biomedical research from a NMC designated Institute.	Yes/No
9.	Copies of Degree certificates of MBBS, PG, DM, M.Ch. DNB and other degree. (Self-attached)	Yes/No

Signature of the applicant

Official stamp
Date:

Signature of the Head of Department

Official stamp
Date:

Signature of Principal/ Dean /Director

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.

FORM-I

Compilation Sheet

Regular Teaching Specialists, who have Not been recognized as Teacher by GGSIPU

Name of Medical Institution/Hospital _____

Name of applicant & Contact No.	Department	Present Designation with Date	Teaching Designation applied for	Publications with year		BCMET Training with date	BCBR Training with date	Remarks by Scrutiny Committee
				As Assistant	As Associate			

Name and Signature
Member-I
Date

Name and Signature
Member-II
Date

Name and Signature
Member-III
Date

FORM-II

Compilation Sheet

Regular Teaching and Non-Teaching Specialists/ Medical officers, who have been recognized as Teacher by GGSIPU and requested for upgradation.

Name of Medical Institution/Hospital _____

Name of applicant & Contact No.	Department	Present Designation with Date	Previous GGSIPU Designation with date	Teaching Designation applied for	Publications with year		BCMET Training with date	BCBR Training with date	Remarks by Scrutiny Committee
					As Assistant	As Associate			

Name and Signature
Member-I
Date

Name and Signature
Member-II
Date

Name and Signature
Member-III
Date