



Guru Gobind Singh Indraprastha University
Sec 16 C, Dwarka, New Delhi - 110078

F.No. IPU-7/Teaching Desig.(Medical)/2017/ 20681

Date: 19/05/2017

CIRCULAR-I

Subject: Inviting Applications for Upgradation/recognition /conferment of teaching designations in pursuance of Clause 18 of the First Statute of GGSIP University Act No. 09 of 1998 and University regulation for recognition of Teachers(Medical), from Teachers/ specialists working at PGIMER,RMLH and VMMC,SJH affiliated to GGSIP University, New Delhi conducting Post Graduate Medical Degree/Diploma programme and Super Specialty Medical Courses

In pursuance to clause 17& 14, of the University regulations for recognition of teachers(medical),applications are invited for recognition/upgradation/ conferment of equated designations, by the university in the attached Forms from

i) All those teachers working at PGIMER, Dr RML hospital and VM Medical College, Safdurjung Hospital, affiliated to GGSIP University, New Delhi. who have been recognised/conferred equated designation and are eligible for upgradation (Please fill Form I).

ii) Those specialists who have not been conferred equated designation may also apply provided they meet the MCI requirement of justification of need based on the current sanctioned PG seats in that discipline (please fill form II)

Director PGIMER and Medical Supdt SJH are requested to only forward those applications of the specialists for equated designations after verifying the need for faculty on the basis of existing faculty and number of seats sanctioned in that discipline and completion of a unit in clinical subjects .Please do not forward and send all applications to prevent embarrassment to the university and the specialists

iii) All those Specialists(teaching sub-cadre) who have not been given recognition till date by GGSIPU. (please fill Form II)

The duly filled applications in the prescribed application proforma alongwith all the relevant documents duly forwarded by the Director PGIMER/Medical Supdt SJH of the Medical College/Institutes should reach the University latest by 05/06/2017 upto 3.00 P.M at Reception Counter the **Admissions Division** of the University, Administrative Block, GGSIP University, Sector-16 C, Dwarka, New Delhi-110078.

The University shall not entertain any direct application from the candidate or application not duly forwarded by the Director/Medical Supdt of the concerned Medical college/Institution.

It may be noted that the date of eligibility shall be date of joining the institute and the process shall be completed without interviews.

Encl:

Copy of Application Form I and II


Pravin Chandra

In-Charge (Admission)



Guru Gobind Singh Indraprastha University
Sec 16 C, Dwarka, New Delhi - 110078

F.No. IPU-7/Teaching Desig.(Medical)/2017/ 20682

Date: 19/05/2017

CIRCULAR – II

Subject: Inviting Applications for Upgradation/recognition /conferment of teaching designations in pursuance of Clause 18 of the First Statute of GGSIP University Act No. 09 of 1998 and University regulation for recognition of Teachers(Medical) ,from Teachers/ specialists working at ESI , PGMSR affiliated to GGSIP University, New Delhi conducting Post Graduate Medical Degree programme and Super Specialty Medical Courses .

In pursuance to clause 17& 14 , of the University regulations for recognition of teachers(medical),applications are invited for recognition/upgradation/ conferment of equated designations, by the university in the attached Form III from

The eligible candidates would be:

i) Those Consultants/ Specialists (non teaching) who joined ESI PGIMER and have not been conferred an equated designation or /and are due for upgradation The conferment /upgradation shall be done will be as per the relevant MCI regulation for ESI hospitals)

ii) Those teaching cadre Specialists who are due for recognition/upgradation shall also apply.

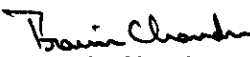
(Please note that, publications as First/Second authors or the first and corresponding authors as the case may be ,only in indexed journals would be considered).

The duly filled applications in the prescribed application proforma alongwith all the relevant documents duly forwarded by the Principal/Dean of the Institutes should reach the Admission Division latest by 05/06/2017 upto 3.00 P.M at the Reception Counter of the **Admission Division**, Administrative Block, GGSIP University, Sector-16 C, Dwarka, New Delhi-110078.

The Principal/Dean of the Medical College/Institutes shall only forward the applications of eligible candidates as upto 2017 as per the relevant rules and criteria adopted by the University for the College/Institute. The University will not entertain any direct application from the candidate or application not duly forwarded by the Principal/Director of the concerned Medical college/Institution.

Encl

i) Form III


Pravin Chandra
In-Charge (Admission)

Form I

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

DWARKA SECTOR 16 C, NEW DELHI

**Proforma for submission by both teaching / equated teaching faculty for
upgradation (For PGIMER, RMLH & VMMC, SJH)**

1 Name.....

2 Name of Medical College

3 Date of joining present institution/medical college; : _____

as _____

4 Department: _____

5 Last Equated designation conferred / Recognition of teaching specialist by GGSIP
university (attach copy of order) Photo

1 Assistant professor on

2 Associate professor on

6 Upgradation of equated designation applied for

7 Number of Research publications in Indexed Journals as First/Second author
during the last 4 (four)* academic years if applied for associate professor or during
last three years if applied for professor:

(a) International Journals

(b) National Journals

8 List of the above mentioned publications with the reprints or photocopy of all the
research publications mentioned above. (Please use separate sheet if required)

DECLARATION

1. I, Dr. _____ am working as _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am a full time teacher in _____, working from _____ A.M. to _____ P.M. daily at this Institute.
2. Complete details with regard to work experience has been provided & nothing has been concealed by me.
3. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action .

SIGNATURE OF THE FACULTY

Date & Place:

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the above mentioned declaration as true and correct. I have verified the certificates / documents submitted by the candidate with the original certificates/documents as submitted by the teacher to the Institute and with the concerned Institute and have found them to be correct and authentic.
2. I also confirm that Dr. _____ is not practicing or carrying out any other activity during college working hours i.e. from _____ to _____, since he/she has joined the Institute.
3. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Date: _____ Signed by the HOD

Countersigned by the

Place:

Director PGIMER/Medical Supdt SJH/ Dean ESI

REMARKS

<u>S.No</u>	<u>Documents</u>	<u>Submitted</u>
1.	Copy of the certificate issued by University/ office order of univ	
2.	Photocopies of the papers published	

Signed by the Teacher:

Signed by the HOD:

Date :

Date :

Countersigned by Director PGIMER/ Medical Supdt SJH/ Dean ESI:

Date :

NOTE :

1. The Declaration Form will not be accepted and the person will not be considered for grant /upgradation of equated designation /recognition as teacher if any of the above documents are not enclosed / attached with the Declaration Form.

FORM II

**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
DWARKA SECTOR 16 C, NEW DELHI**

Proforma for submission by faculty for grant of equated teaching designation for non-teaching specialists /recognition of teaching designation for teaching specialists only applying for the first time .

PART 1 (To be filled by all)

1.(a) Name.....

1.(b) Date of Birth & Age

1.(c) Recent Passport size photo of the Employee
Signed by Dean / Principal of the college.

Photo

1.(d) Date of selection /appointment by UPSC as

1.(e) Date of joining present institution/medical college; : _____
as _____

1 (f) Date of transfer fom other institution if any and at what level

1 (g) Any break/discontinuity in service From To

1.(h) Present Designation: _____

1.(i). Department: _____

1.(j)NameofMedicalCollege:

1.(k) Nature of appointment: Regular / Contractual./Ad-hoc/ CGHS
If CGHS place of primary posting (attach copy of order)

1.(l) Contact Particulars: Tel (Office): _____

Tel (Residence): _____

E-mail address: _____

Mobile Number: _____

(Please attach proof of 1d,e,f,.g,k)

2 Teaching designation /equated applied for :-
First time / upgradtion/recognition

3. Qualifications (only):

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS					
MD/MS ()					
DM/M.Ch. ()					
Any other degree/diploma					

(attach copies of MBBS/MD/MS/DM/MCh degrees and registration of the council/s)

4 . Details of the previous appointments/teaching experience (if needed attach separate sheet)

Designation	Department & Name of Institution (Teaching/Non Teaching)	Type of appointment- regular/contractual/Adhoc	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months	Recognition by any other university since
Senior resident						
Assistant Professor/Specialist						
Associate Professor/Specialist grade II						
Professor/Specialist grade I						
Director Professor/Consultant						

(Attach Proof of all)

4.(a) Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning / retiring (Relieving order is enclosed from the previous institution).

PART II

(To Be filled by Nonteaching specialists only, applying for conferment of equated teaching designation for first time)

- 1 Equated designation applied for
- 2 Total number of years of experience as a specialist
- 3 Number of Research publications in Indexed Journals as First/Second author
- 4 List of the above mentioned publications with the reprints or photocopy of all the research publications mentioned above.(Please use separate sheet if required)

PART III

(For teaching specialist only)

- 1 Date of appointment by UPSC
- 2 Present designation by Min of Health _____ on _____
- 3 Earlier recognition given by any other university prior to transfer to the present institute
Assistant/associate/professor _____ on _____
- 4 Recognition asked for _____
- 5 Publications in indexed journals as first/second author)
 - a) Number International _____
National _____
 - b) List of publications mentioned above (attach reprints/photocopies of the publications, use a separate sheet if required))

DECLARATION

1. I, Dr. _____ am working as _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am a full time teacher in _____, working from _____ A.M. to _____ P.M. daily at this Institute.
2. Complete details with regard to work experience has been provided & nothing has been concealed by me.
3. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action .

SIGNATURE OF THE FACULTY

Date:

Place:

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the above mentioned declaration as true and correct. **I have verified the certificates / documents submitted by the candidate with the original certificates/documents as submitted by the teacher to the Institute and with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that Dr. _____ is not practicing or carrying out any other activity during college working hours i.e. from _____ to _____, since he/she has joined the Institute.
3. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Date:

Place:

Signed by the HOD

Countersigned by the
Director/Dean/Principal

REMARKS

<u>S.No</u>	<u>Documents</u>	<u>Submitted</u>
1.	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes / No
2.	Certified copies of UPSC appointment letter / present appointment order at present Institute. / transfer order	Yes / No
3.	Joining report at the present institute.	Yes / No
4.	Copies of Degree certificates of MBBS ,PG,DM,MCh,other degree.	Yes / No
5.	Copies of Registration of MBBS , PG,DM,MCh,other degree.	Yes / No
6.	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes / No
7.	Relieving order from the previous institution.	Yes / No
8.	Reprints/copies of papers published	Yes/No

Signed by the Teacher:

Date :

Signed by the HOD:

Date :

Countersigned by Dean / Principal:

Date :

NOTE :

1. The Declaration Form will not be accepted and the person will not be considered for grant /upgradation of equated designation /recognition as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teacher if the original of Photo ID proof, Registration Certificates / Degree certificates / State Medical Council ID (if issued) are not produced for verification at the time of assessment if called .

FORM III
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
DWARKA SECTOR 16 C, NEW DELHI

Proforma for submission by faculty for upgradation/ grant of equated teaching designation for non-teaching specialists /recognition of teaching designation for teaching specialists applying for the first time (For ESI Only)

PART 1 (To be filled by all)

1.(a) Name.....

1.(b) Date of Birth & Age

1.(c) Recent Passport size photo of the Employee
Signed by Dean / Principal of the college.

Photo

1.(d) Date of selection /appointment by ESIC as

1.(e) Date of joining present institution/ medical college; : _____
as _____

1 (f) Date of transfer fom other institution if any and at what level

1 (g) Any break/ discontinuity in service From To

1.(h) Present Designation: _____

1.(i). Department: _____

1.(j)NameofMedicalCollege:

1.(k) Nature of appointment: Regular / Contractual./Ad-hoc

1.(l) Contact Particulars: Tel (Office): _____

Tel (Residence): _____

E-mail address: _____

Mobile Number: _____

(Please attach proof of 1d,e,f.,g.k)

2 Teaching designation /equated applied for :-
First time / upgradation/recognition

3. Qualifications (only):

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS					
MD/MS ()					
DM/M.Ch. ()					
Any other degree/diploma					

(attach copies of MBBS/MD/MS/DM/MCh degrees and registration of the council/s)

4 . Details of the previous appointments/teaching experience (if needed attach separate sheet)

Designation	Department & Name of Institution (Teaching/Non Teaching)	Type of appointment - regular/contractual/Adhoc	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months	Recognition by any other university since
Senior resident						
Assistant Professor/Specialist						
Associate Professor/Specialist grade II						
Professor/Specialist grade I						
Director Professor/Consultant						

(Attach Proof of all)

4.(a) Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning / retiring (Relieving order is enclosed from the previous institution).

PART II

(To Be filled by Nonteaching specialists only, applying for conferment of equated teaching designation for first time/upgradation)

- 1 Equated designation/ upgradation applied for
- 2 Total number of years of experience as a specialist(in a 300 bedded ESI hospital)
- 3 Number of Research publications in Indexed Journals as First//corresponding author
- 4 List of the above mentioned publications with the reprints or photocopy of all the research publications mentioned above.(Please use separate sheet)

PART III

(For teaching specialist only)

- 1 Date of appointment
- 2 Present designation by ESI _____ on _____
- 3 Earlier recognition given by GGSIPU/any other university prior to transfer to the present institute
Assistant/associate/professor _____ on _____
- 4 Recognition asked for _____
- 5 Publications in indexed journals as first/second author)
 - a) Number International _____
National _____
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2. Complete details with regard to work experience has been provided & nothing has been concealed by me.
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Place:

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3. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Date:
Place:

Signed by the HOD

Countersigned by the
Dean/Principal

REMARKS

<u>S.No</u>	<u>Documents</u>	<u>Submitted</u>
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2.	Certified copies of ESIC appointment letter / present appointment order at present Institute./transfer order	Yes / No
3.	Joining report at the present institute.	Yes / No
4.	Copies of Degree certificates of MBBS ,PG,DM,MCh,other degree.	Yes / No
5.	Copies of Registration of MBBS , PG,DM,MCh,other degree.	Yes / No
6.	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes / No
7.	Relieving order from the previous institution.	Yes / No
8	Reprints/copies of papers published	Yes/No

Signed by the Teacher:

Date :

Signed by the HOD:

Date :

Countersigned by Dean / Principal:

Date :

NOTE :

1. The Declaration Form will not be accepted and the person will not be considered for grant /upgradation of equated designation /recognition as teacher if any of the above documents are not enclosed/ attached with the Declaration Form.
2. The person will not be counted as a teacher if the original of Photo ID proof, Registration Certificates / Degree certificates / State Medical Council ID (if issued) are not produced for verification at the time of assessment if called .