



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
Sector-16 C, Dwarka, Delhi-110078

No. GGSIPU/(Aff)/2016-17/1421

Dated 12.07.16

CIRCULAR-II

Subject: Inviting Applications for review of the recognition given to the teaching faculty (Specialists- teaching sub cadre) in pursuance of Clause 18 of the First Statute of GGSIP University Act No. 09 of 1998 and University regulation of recognition of Teachers(Medical) from Teachers 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 who have been recognised by the university till date.

In pursuance clause 12, of the University regulations for teachers(medical), the university has decided to review all recognition of designation granted to specialists (teaching sub cadres) till date by GGSIPU working at PGIMER, RML Hospital and VMMC,SJ Hospital affiliated to GGSIPU.

Applications are invited by the university in the attached Form-II, from all those teachers working at PGIMER, Dr RML hospital and VM Medical Colleges, Safdurjung Hospital, affiliated to GGSIP University, New Delhi. who have been given recognition till date by GGSIPU for review.

The duly filled applications in the prescribed application proforma alongwith all the relevant documents duly forwarded by the Director/Medical Supdt of the Medical College/Institutes should reach the University latest by 01.08.2016 upto 3.00 P.M in the Room No.20, Administrative Block, GGSIP University, Sector-16 C, Dwarka, New Delhi-110075


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.

This issues with the approval of Competent Authority.

Encl:

1. Copy of Application Form II


(Prof. C. S. Rai)
Incharge (Affiliation)

FORM II

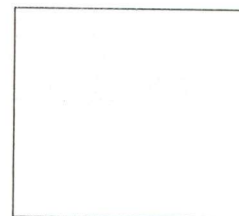
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY DWARKA SECTOR 16 C, NEW DELHI

Proforma for submission by faculty of Specialist (Teaching sub-cadre) for review of recognition of teaching designation already recognized by GGSIPU till date

1.(a) Name.....

1.(b) Date of Birth & Age

1.(c) Recent Passport size photo of the Employee
Photo Signed by Director / Medical Supdt.



1(d) Date of selection / appointment by UPSC as regular Assistant Professor

1(e) Date of joining as Assistant Professor on regular basis-----
At (institution/medical college); : _____

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

1 (g) Date of joining the present institution----- as-----

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

1 (i) Any recognition received by any other university and at what level-----

1.(j) Present Designation:_____

1.(k).Department:_____

1.(l)Name of Medical College:

1.(m) Nature of appointment: Regular / Contractual./ Ad-hoc
(only regular appointees shall be considered and counted)

1.(n) Contact Particulars: Tel (Office): _____
Tel (Residence): _____
E-mail address: _____
Mobile Number: _____

(Please attach proof of 1d,e,f,,g h I j,m)

2 Teaching designation :- Recognized by GGSIPU as
On

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. ()					
DNB ()					
Post DNB Experience					

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

(For persons with DNB-Please specify whether DNB was done from MCI recognized institution and the title of the dissertation. If done from non MCI recognized institution then post DNB experience from which institution and its duration)

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

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

(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**).

5 Publications in indexed journals as first/second author after joining as Assistant Professor(please write in Vancouver style)

a) Number International
National

b) List of publications as 1st /2nd author only after the date of joining as Assistant Professor (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/Medical Supdt

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.	List / Reprints/copies of papers published	Yes/No

Signed by the Teacher:

Date :

Signed by the HOD:

Date :

Countersigned by Director/Medical Supdt:

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.