



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR – 16C, DWARKA, NEW DELHI – 110 078
PERSONNEL BRANCH

F.No.GGSIPU/Pers./ROT/Medical./2019/5174

Dated the 21st October, 2019


CIRCULAR (CORRIGENDUM)

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 regulations for recognition of Teachers (Medical), from Teachers/Specialists /GDMO's working at Medical Colleges/ Institutions affiliated to GGSIP University, New Delhi conducting Post Graduate Medical Degree/Diploma programme and Super Speciality Medical Course.

In continuation to University Circular-I vide No. GGSIPU/Pers./ROT/Medical/2019/5038 dated 11.10.2019 and Circular (Corrigendum) vide No. GGSIPU/Pers./ROT/Medical/2019/5128 dated 16.10.2019 on the subject noted above, the proforma of Form-I and Form -II are attached herewith.

The duly filled applications in the prescribed application proforma alongwith all the relevant documents duly forwarded by the Principal/Directors /Medical Supdt. of the affiliated Medical Colleges/Institutions should reach the University **latest by 11.11.2019 upto 3:00 P.M** at reception counter of the Personnel Branch of the University, Administrative Block, GGSIP University, Sector-16C, Dwarka, New Delhi-110078.

In case any applicant has query related to filling of the application Form-I and Form-II, such individuals are requested to forward your query on the **email address: personnel@ipu.ac.in**


(Brig. P. K. Upmanyu)
Joint Registrar (Personnel)

Enclosure:

1. Circular-I dated 11.10.2019
2. Circular (Corrigendum) dated 16.10.2019
3. Application Form-I
4. Application Form-II

Copy to:

1. AR to Hon'ble Vice Chancellor, GGSIP University
2. Dean, USM&PMHS, GGSIP University.
3. All Director/Principal/Medical Supdt. of affiliated Medical Colleges/Institutions.
4. AR to Registrar, GGSIP University.
5. Incharge UITS, with request to upload the Circular on website of University.



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR - 16C, DWARKA, NEW DELHI - 110 078

F.No.GGSIPU/Pers./ROT/Medical./2019/ 5128

Dated the 16th October, 2019

CIRCULAR (CORRIGENDUM)

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 regulations for recognition of Teachers (Medical), from Teachers/Specialists /GDMO's working at Medical Colleges/ Institutions affiliated to GGSIP University, New Delhi conducting Post Graduate Medical Degree/Diploma programme and Super.Speciality Medical Course.

In continuation to University Circular-I vide No. GGSIPU/Pers./ROT/Medical/2019/5038 dated 11.10.2019 on the subject noted above, the proforma of Form-I and Form -II are attached herewith.

The dully filled applications in the prescribed application proforma alongwith all the relevant documents duly forwarded by the Directors /Medical Supdt. of the affiliated Medical Colleges/Institutions should reach the University latest by 30.10.2019 upto 3:00 P.M at reception counter of the Personnel Branch of the University, Administrative Block, GGSIP University, Sector-16C, Dwarka, New Delhi-110078.

In case any applicant has query related to filling of the application Form-I and Form-II, such individuals are requested to forward your query on the email address: personnel@ipu.ac.in

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SECTOR - 16C, DWARKA, NEW DELHI - 110 078
PERSONNEL BRANCH

F.No.GGSIPU/Pers./ROT/Medical/2019/5038

Dated the 11th October, 2019

CIRCULAR-I

Subject: Inviting applications for upgradation/recognition/conferment of teaching designations in pursuance of Clause 18 of the First Statue of GGSIP University Act No. 09 of 1998 and University regulations for recognition of Teachers (Medical), from Teachers/Specialists /GDMO's working at Medical Colleges/ Institutions affiliated to GGSIP University, New Delhi conducting Post Graduate Medical Degree/Diploma programme and Super Speciality Medical Course.

In pursuance 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 Doctors/Specialists/GDMO's working in various Medical Colleges/Institutions, affiliated to GGSIP University, New Delhi, who have been recognised/conferred equated designation and are eligible for upgradation (To fill form I).
- (ii) Those specialist (non teaching cadre)/GDMO's 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 (To fill form II).


Directors Medical Supdt. of affiliated Medical Colleges/Institutions 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 on that discipline. Please do not forward and send all applications to prevent embarrassment to the University and the Specialists. In case of GDMOs, copies of posting order of all rotation postings should be attached with application otherwise it shall be considered incomplete & liable to be rejected.

- (iii) All those specialists (teaching sub-cadre) who have not been given recognition till date by GGSIPU. (To fill form II).
- (iv) Representation by already recognised Teachers [Specialist (teaching cadre)/specialist (non teaching cadre) GDMOs cadre], if any, regarding designation.

The dully filled applications in the prescribed application proforma alongwith all the relevant documents duly forwarded by the Directors /Medical Supdt. Of the affiliated Medical Colleges Institutions should reach the University latest by 21.10.2019 upto 3:00 P.M at reception counter of the Personnel Branch of the University, 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 forwarded by the Principal/Director/Medical Supdt of the concerned Medical College/Institutions.

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


(Brig. P. K. Upmanyu)
Joint Registrar (Personnel)

Copy to:

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2. Dean, USM&PMHS, GGSIP University.
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4. AR to Registrar, GGSIP University.

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GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR-16C DWARKA, NEW DELHI-110078
PERSONNEL BRANCH

FORM -I

Performa for All those Doctors/Specialist/ GDMO's working in various Medical College/Institutions affiliated to GGSIP University who have been recognized/conferred equated designation and are eligible for upgradation.

Teaching Designation Applied for: (Assistant Professor/ Associate Professor/Professor): _____

1. Name : _____

2. Name of Medical College: _____

3. Date of Joining present Institutions/Medical College: _____

as _____

4. Department: _____

5. Last designation conferred/recognized by GGSIP University:

(Attach copy of order)

(i) Assistant Professor on _____

(ii) Associate Professor on _____

6. Upgradation of designation applied for: _____

7. Number of Research publications in Indexed Journals during the last 4 (four) academic years, if applied for Associate Professor or during last three years if applied for Professor (only research article/original article shall be considered before 01.10.2019. 1st/2nd articles and from 01.10.2019 1st corresponding articles).

(a) International Journals

(b) National Journals

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

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

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 / College.

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 gross misconduct thereby rendering the undersigned liable for necessary disciplinary action.

SIGNATURE OF THE APPLICANT

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 _____ A.M. to _____ P.M. 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 declaration himself / herself for any such misdeclaration or misstatement.

Date:

Place:

Signed by the HOD

**Countersigned by the Principal/
Director**

REMARKS

S. No.	Documents	Submitted
1.	Copy of the Certificate issued by the University/office order of University (Self attested)	Yes/No
2.	Photocopies of the papers published (Self attested)	Yes/No

Signed by the Teacher
Date:

Singed by the HOD
Date:

Countersigned by Principal / Director
Date:

Note: The Declaration Form will not be accepted and the person will not be considered for upgradation of designation as teacher, if any of the above documents, are not enclosed/attached with the Declaration Form.



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR-16C DWARKA, NEW DELHI-110078
PERSONNEL BRANCH

FORM -II

Performa for those Teaching Specialists working in various Medical College/Institutions affiliated to GGSIP University who have not been recognized/conferred teaching designation.

Teaching Designation Applied for: (Assistant Professor/ Associate Professor/Professor): _____

1. (a) Name: _____
- (b) Date of Birth & Age: _____
- (c) Recent Passport size photo of the Employee signed by Dean/
Principal/Director: _____
- (d) Date of selection/appointment: _____ as _____
- (e) Date of joining present institution/medical college: _____ as _____
- (f) Date of transfer from other Institution, if any, and at what level _____ as _____
- (g) Any break/discontinuity in service From: _____ To _____
- (h) Present Designation: _____
- (i) Department: _____
- (j) Name of Medical College: _____
- (k) Nature of appointment : Regular / Contractual / Ad-hoc _____
- (l) 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/Director/
Dean of the
college/institute

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

2. Teaching designation applied for: _____

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 ()					
Any other Degree/diploma					
Post DNB Experience					

(Attach self attested copies of MBBS/MD/MS/DM/M.Ch./DNB 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	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						
Associate Professor						
Professor						
Director/ Professor						

(Attach self attested copy of all documents)

REMARKS

S. No.	Documents	Submitted
1	Recent passport size photo of the Employee, Signed by Dean/Director/Principal of the College/Institute	Yes/No
2	Certified copies of appointment letter/present appointment order at present Institute/transfer order	Yes/No
3	Joining report at the present Institute. (Self attested)	Yes/No
4	Copies of Degree certificates of MBBS, PG, DM, M.Ch, DNB and other degree. (Self attested)	Yes/No
5	Copies of Registration of MBBS, PG, DM, M.Ch., DNB and other degree. (Self attested)	Yes/No
6	Copy of experience certificates for all teaching appointments held before joining present Institute. (Self attested)	Yes/No
7	Relieving order from the previous Institution. (Self attested)	Yes/No
8	List of publication and Reprints/copies of papers published. (Self attested)	Yes/No

Signed by the Teacher
Date:

Singed by the HOD
Date:

Countersigned by Principal / Director / Dean.
Date:

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