

## Guru Gobind Singh Indraprastha University Sector-16 C, Dwarka, Delhi- 110078.



## OFFICE OF DIRECTOR (ACADEMIC AFFAIRS)

Ref. No. GGSIPU/DAA/TR/Medical/2022/4420L

15th November, 2022

### CIRCULAR-II

Subject: Inviting applications from previously recognized Teaching Specialists of Medical Colleges/Institutions affiliated to GGSIP University for recognition in the next higher teaching position under Statute 18 of the First Statutes of GGSIP University Act No. 09 of 1998 and other applicable University Regulations.

Applications are invited from previously recognized Teaching Specialists of Medical Colleges/Institutions affiliated to GGSIP University for recognition in the next higher teaching position, in the attached Form I-B, from:

- (i) All those working as regular Teaching Specialists in Medical Colleges/Institutions affiliated to GGSIP University, who stand recognized by the GGSIP University earlier and are eligible for recognition in the next higher teaching position.
- (ii) All candidates, who may have applied earlier but have not received upgradation, should apply afresh with all relevant documents.
- (iii) The duly filled applications in the prescribed proforma 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 latest by 16th December, 2022 upto 5:00 p.m. in Personnel Branch, Room No. 115, Administrative Block, GGSIP University, Sector- 16C, Dwarka, New Delhi- 110 078.

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 the Application Form I-B

Prof. C. S. Rai Director, Academic Affairs

#### Copy to:

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



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

# Personnel Branch Form I-B

Application form for those working as regular Teaching Specialists in medical colleges/institutions affiliated to GGSIP University who stand recognized by the university and are eligible for upgradation

		Designation applied fo	r:		Affix a recent passport size photograph of the employee duly signed by the	
1.	Name	of Applicant :			Principal/Director/ Dean of the	
2.	Name	of Medical College:			college/Institute	
3.				hing Specialist:		
4.	Depa	rtment:				
5.	Conta	Tel. (Residenc E-mail address	e) S			
6.	CHS/	State Govt./ESI Positions	held in the Medi	cal College: (Attach copy of order(s)	)	
	(i)	Assistant Professor		to		
	(ii)	Associate Professor	from	to		
	(iii)	Professor		to		
	(iv)	Director Professor	from	to		
7.	Present post held in GGSIP University affiliate Institute : Post:					
	Name	e of Institution:				
8.	Desig (i) (ii)	Assistant Professor or	n	sity (Attach a copy of the order)		
9.	Desig	nation applied for:		State Cort/ESI substantive post)	(current CHS) in the Depa	

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

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 corresponding	Name of the journal and Name of the indexing database service with which it is indexed (attach proof of indexing	If published, date of publication*	If accepted, date of acceptance*
4				of the journal from the specific indexing site)		
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I have provided complete details of my work experience and I have not concealed any information.

2.

	documents and is found to be fa	certificates submitted by nalse or incorrect, it will cons	ne are true and corre	ect. If any statemer	ontents of declaration and the it given in this declaration form cant's part and render him/he	n
	liable to punitive	e disciplinary action.				
	Date:				Signature of the Applicant	
	Place:				with official stamp	
			Endorsem	ent		
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2.	We also confirm during college w	that Dr orking hours i.e. from	A.M. toF	is not practicing .M. since the date	or carrying out any other active he/she has joined the Institute	rity
3.	In the event an accepted that the	y declarations given by he undersigned shall be r	the applicant turn esponsible for end	out to be incorre	ct or false, it is understood	d and
	Place: Date:	Signature of the Official stamp	Head of Departmer	nt Signatui Official	re of the Principal/Director stamp	

### **Enclosures**

S. No.	Documents	Submitted
1	Recent passport size photo of the applicant, 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 or equivalent degree (self-attested)	Yes/No
5	Copy of experience certificates for all teaching appointments held before joining present Institute (self-attested)	Yes/No
6	Relieving order from the previous Institution (self-attested)	Yes/No
7	List of publication and copies of published research papers with definitive proof of indexing of the journal from the specific indexing site (self-attested)	Yes/No
8	Certificate of Basic Course in Medical Educational Technology from a NMC designated Institution	Yes/No
9	Certificate of Basic Course in Biomedical Research from a NMC designated Institution	Yes/No

Signature of the applicant Official stamp Date:

**Signature of the Head of Department** Official stamp

Date:

Signature of the Principal/ Director/Head of Institution Official stamp Date:

**Please note:** This Application Form will not be accepted and applicant will not be considered for upgradation of teaching designation if any of the above listed documents are not found attached with the application form.