

F.No. GGSIPU/Medical/Estt.(T)/2025/02/ 9988

Dated: 04.12.2025

CIRCULAR-II

Sub: First time Recognition of Teaching Designation of Non-Teaching Specialist/Consultant/Medical Officer of Medical Colleges/Institutions affiliated to GGSIP University under Statute 18 of GGSIP University Act and other applicable University Regulations.

Applications from Non-Teaching Specialists/Consultant/Medical Officers of Medical Colleges/Institutions affiliated to GGSIP University is invited for recognition of Teaching Designation, as per NMC Notification dated 30.06.2025, in the enclosed Forms i.e. Form-III.

Form-III: *All those working as Non-Teaching Specialist/Consultant/Medical Officers in Medical Colleges/Institutions affiliated to GGSIP University, who desires first time recognition of Teaching Designation.*

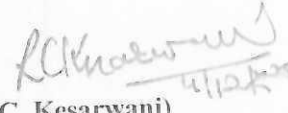
Instructions:

- The duly filled applications in the prescribed Proforma i.e. **Form-III** for first time teaching designation as per NMC Notification dated 30.06.2025 and 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
- The Head of the Institutions (Principal/Dean/ Director/Medical Superintendent) will constitute an Internal Scrutiny Committee, who will compile the data of each applicant and ensure eligibility of applicant before sending to this University. The format for compilation of data of Form III is attached.
- 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, 2025 and Internal Scrutiny committee has also found them eligible.
- Each application shall also be duly countersigned by Head of the Institution and shall be forwarded alongwith all relevant documents only in physical mode to **Deputy Registrar, Establishment (Teaching)** latest by **5th January, 2026 upto 5:00 P.M at Room No. 113, Administrative Block, GGSIP University, Sector-16C, Dwarka, New Delhi-110078.**

This issues with the approval of the Competent Authority.

Encl.

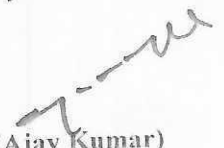
- Copy of Application Form-III.
- Format of compilation of Form III.


(R. C. Kesarwani)

Deputy Registrar (Estt. Teaching)

Copy to:

1. Principal/Dean/Director/Medical Superintendent of VMMC & Safdarjung, ABVIMS & Dr RML, ESI Basaidarapur, Chacha Nehru Bal Chikitsalya Bhawan, BSA and Hindu Rao, Medical Colleges /Institutions/Hospitals 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-III

Application form for those working as Regular Non-Teaching Specialists/ Medical officers in Medical Colleges/Institutions affiliated to GGSIP University who have never been recognized as Teacher by GGSIP University

1. Designation applied for: _____

(a) Name of Applicant: _____

(b) Date of Birth and Age: _____

(c) Date of Appointment: _____

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

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

(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

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

(Attach self-attested copy of all documents)

3. Details of Previous Designations held before joining GGSIPU affiliated institute

	Name of Institution	Designation	Did the hospital/ Institution have a bed strength of 220 or more Yes/ No	Department	Permanent/ Regular/ Contractual/ Ad hoc/ Deputation	Full Time/ Part Time	Name of University (if applicable)	Date		Order No	Total Duration in years & months
								From	To		
1											
2											

3											
4											

(Attach self-attested copy of all documents)

4. Academic qualifications:

Qualification	College	University	Year
MBBS			
MD/ MS/ DNB/ Diploma/ Equivalent			
DM/ MCh/ DNB/ Equivalent			

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

Number of years of post PG experience in at least 220 bedded govt. hospital:

If DNB, and not MD/MS, Bed strength of hospital during training period:

If Diploma Holder and appointed as SR in a recognized medical institution before 08.06.2017, total number of years as SR:

If diploma holder & working as Specialist or Medical Officer in a recognized government medical institution or Government medical institution running National Board of Examination and Medical Science recognized teaching program, number of years of cumulative experience

If working as 'Senior Consultant', as defined in National Board of Examination in Medical Sciences – total number of years of experience as Post Graduate teacher in National Board of Examination in Medical Sciences recognized government medical institute _____

Details of Experience in the Specialty Concerned

Designation Senior Resident/ Tutor/ Demonstrator/ Specialist/ MO/ Senior Consultant (DNB Teacher)	Name of Institution	Department	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months

(Attach self-attested copy of all documents)

In addition, Non-Teaching Specialists /Medical Officers /CGHS Specialists should provide a certificate stating **"Number of years of cumulative experience in the Speciality Concerned for which the Teaching designation has been sought, in atleast 220 bedded govt. hospital, duly verified by the HOD and Dean/Principal/Director/ of the Institute.**

6. Details of Research Publications

Period	NUMBER OF ARTICLES =			
	Number of Accepted Articles	Number of Published Articles	Number of Indexed articles	Number of Non Indexed articles

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

Details of Articles Published						
	Title of Article	Category of 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 and 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)

Enclosures/Check list

S.N	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), if applicable	Yes/No
5.	Copy of Experience certificates for all teaching appointments held (Self-attested), if applicable	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
10.	Any other documents deem fit to produce	

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.

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 full-time 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 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 records available in office and are 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

FORM-III

Compilation Sheet

First time teaching designation of Non-Teaching Specialists/Consultant/Medical officers, who have Not been recognized as Teacher by GGSIPU

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