



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector-16 C, Dwarka, Delhi-110075

Website: www.ipu.ac.in

No. GGSIPU/DR (Aff)/Circular/2012/ 816

Dated 10.9.12

CIRCULAR

Subject: Inviting Applications for recognition of Teachers in pursuance of Clause 18 of the First Statute of GGSIP University Act No. 09 of 1998, from Teachers/Consultants/Specialists working in Medical Colleges/Medical Institutes provisionally affiliated to GGSIP University, New Delhi conducting Graduate, Post Graduate Medical Degree/Diploma programme and Super Specialty Medical Courses.

Applications are invited by the University from eligible candidates with the eligibility date as on 28th September 2012 for consideration as recognized Teachers and/or Equated Teaching Designations from Teachers/Consultants/Specialists working in Medical Colleges/Medical Institutes conducting Graduate, Post Graduate Medical Degree/Diploma programme and Super Specialty Medical Courses provisionally affiliated to GGSIP University, New Delhi. The eligible candidates would be:

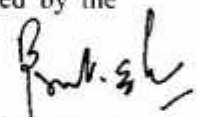
- (i) Those Consultants/Specialists (non teaching) who joined the Institute prior to 11th June 2008 and have been granted Equated Teaching designation and are due for upgradation. The upgradation will be as per MCI Minimum Qualifications for Teachers in Medical Institutions Regulation 1998 and amendments thereof.
- (ii) Those Consultants/Specialist (non teaching) who joined these Institutes prior to 11th June 2008 and due to some reasons have not been granted Equated Teaching Designation till date.
- (iii) Those teaching cadre Specialists who are due for recognition/upgradation may also apply.

(Please note that, publications as First/Second authors only in indexed journals would be considered).

The duly filled applications in the prescribed application proforma (for medical colleges) alongwith all the relevant documents duly forwarded by the Principal/Director of the provisionally affiliated Medical College/Institutes should reach the Affiliation Branch latest by 28th September 2012 upto 3.00 P.M. in the Affiliation Branch, Room No. 19, Administrative Block, GGSIP University, Sector-16C, Dwarka, New Delhi - 110075.

The Candidates who have already submitted their applications for the same are also required to apply afresh. The Principal/Director of the Medical College/Institute shall only forward the applications of eligible candidates as upto 28th September 2012 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.

This issues with the approval of Competent Authority.


(Dr. B.P. Joshi)
Registrar

Encl.:

- (i) Copy of Application proforma as Declaration Form.

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DECLARATION FORM: TEACHING DESIGNATION/EQUATED TEACHING DESIGNATIONS FOR TEACHING CADRE/SPECIALIST CADRE FOR AFFILIATED MEDICAL COLLEGE/INSTITUTES (2012-2013).

1. (a) Name Dr.....
1. (b) Date of Birth & Age.....
1. (c) Recent Passport size photo of the Employee
Signed by Dean / Principal of the college.
1. (d) Cadre - Teaching / Non Teaching
1. (e) (i) Present Designation/Equated Designation: _____
(ii) Since): _____
- (Certified copies of first appointment order and joining at present institute and subsequent promotion (order & joining) to be attached)
1. (f) (i) Department _____
(ii) College _____
(ii) City _____
(iv) Nature of appointment: Full – Time / Part - Time
(v) Whether belongs to : SC / ST/ Ex-service / Others.
1. (g) Residential address of employee:

1. (h) Contact Particulars: Tel. (Officer): _____ (with STD code)
Tel. (Residence): _____ (with STD code)
E-mail address: _____
Mobile Number: _____
1. (i) Date of Joining present Institution: _____ as _____
1. (j) Any period of absence (Long leave / Special Leave / Study Leave/Deputation etc)
From _____ To _____
1. (k) Whether the leave taken was in your field of specialization
1. (l) In case of study leave whether the programme had a teaching element in it.
(please attached a certificate in support)
1. (m) Equated Designation/Teaching designation applied for _____

2. Qualifications:

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

(Copies of Degree certificates of MBBS and PG degree be attached).

3. (a) Details of the previous appointments/teaching experience:

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Assistant Professor /Equated Assistant Professor					
Associate Professor/ Equated Associate Professor					
Professor					

(Copy of appointment letters and joining reports to be attached)

3 (a) (1) Details of the previous appointments/teaching experience (Non Teaching Cadre).

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Teaching Experience in years & months
Specialist Grade-II					
Senior Scale					
Specialist Grade-I					
Consultants					

(Copy of appointment letters and joining reports to be attached)

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

5. Number of Research publications in Indexed Journals only as First/Second Author only
during the last 4 (four) academic years:

5. (a) International Journals: _____

5. (b) National Journals: _____

Please attach the list of the papers published as first/second authors only in indexed journals
(written in Vancouver style).

Also please attach photocopy of two of these publications. Please bring copy of all the listed
publications at the time of interview.

6. Number of Research Projects on hand: _____

DECLARATION

1. I, Dr. _____ am working as _____ in the Department of _____ at _____ medical College/Institute and do hereby give an undertaking that I am a teacher/specialist in _____ since _____.
2. 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 action as deemed fit by Medical College/Institute/University.

SIGNATURE OF THE CANDIDATE:

NAME:

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 abovementioned 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 a specialist (non teaching/teaching in this Medical College / Institute i.e. since _____ to _____).
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.

Remarks (if any)

Place:

Countersigned by the Director/Dean/Principal

Date:

Official Seal/Stamp