



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

No. GGSIPU/(Aff)/2015-16/ 11842

Dated 26.11.15

CIRCULAR

Subject: Inviting Applications for conferment of equated designation in pursuance of Statute 18 of the First Statutes of GGSIP University Act No. 09 of 1998, from GDMOs working at PGIMER, Dr RML Hospital and VMMC SJH 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 GDMOs working at PGIMER, Dr RML Hospital and VMMC Medical College, Safdurjung Hospital, affiliated to GGSIP University, New Delhi, for consideration of grant of Equated Teaching Designations with the eligibility date as on 11th December, 2015. Applications received after due date shall be summarily rejected.

The eligible candidates would be:

Those GDMOs with PG degree qualification who are working continuously in the department of their PG degree qualification. That is, the GDMO cadre personnel is currently posted in the department of their PG degree qualification.

The duly filled applications in the prescribed application proforma alongwith all the relevant documents as per the check list, duly forwarded by the Principal/Director of the Medical College/Institutes should reach the university latest by 11th December, 2015 upto 3.00 P.M in Room No.20, Administrative Block, GGSIP University, Sector-16 C, Dwarka, New Delhi-110075. No other application proforma format shall be entertained and shall be summarily rejected.

The onus to prove that the officer has been working continuously in the department of their PG qualification shall be on the officer concerned and the Principal /Director of the institution as well as the Medical Superintendent of the associated hospital.

The Principal/Director of the Medical College/Institutes and the Medical Superintendent of the associated hospital shall only forward the applications of eligible candidates upto 11th December 2015 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 both the Principal/Director of the concerned Medical college/Institution and the Medical Superintendent of the associated hospital.

Merely applying on the prescribed proforma should not be construed as a right to be eligible for call or grant of equated designation.


The Director/Principal shall also provide the following information department wise:

Name of Department, names of university recognized teachers in that department (unit wise in clinical subjects), date of superannuation of each recognized teacher, number of PG seats in that department, shortfall of faculty in that department and justification for the need of additional faculty., (PS: This information is mandatory to be submitted by the last date of submission of applications, failing which the applications of GDMOs for that institution shall not be processed.)

This issues with the approval of Competent Authority.

Enclosure:

- i) Copy of Application Proforma


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

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

Proforma for submission by GDMO(with PG Degree) for grant of equated teaching designation

PART 1 (To be filled by all)

1.(a) Name.....

1.(b) Date of Birth & Age

1.(c) Recent Passport size photo of the Employee
Signed by Dean / Principal / Medical Supdt. of the college.

Photo

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

1(e) Date of joining present institution/medical college as medical officer :

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

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

1.(h) Present Designation:

1.(i). Department of PG Degree qualification:

1.(j)NameofMedicalCollege:

1.(k) Nature of appointment: Regular / Contractual./Ad-hoc/ CGHS
If CGHS place of primary posting (attach copy of order)

1.(l) Contact Particulars: Tel (Office):
Tel (Residence):

E-mail address:

Mobile Number:

(Please attach copy of order the ministry/UPSC/hospital administration of 1d,e,f.,g,k)

2 Equated Teaching designation applied for (recognition):-

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. ()					
Any other degree/diploma					

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

4 Place of first posting in the hospital

From to

5 Details of rotations in the following places within hospital since the time of joining the hospital

i)	Department of PG Qualification	From	To
ii)	Casualty	From	To
iii)	Kitchen / Laundry	From	To
iv)	Stores	From	To
v)	Anti-rabies clinic	From	To
vi)	Medical Examination	From	To
vii)	Yellow Fever Vaccination	From	To
viii)	Estate	From	To
ix)	Addl/Deputy / Astt. Med Supdt	From	To
x)	Any Other	From	To

(If posted at one place more than one time please provide details of all. Please use additional sheets if required))

- 6 Name of Department of PG Qualification, Date of posting in that department on a continuous basis after which no rotation at any place other than the department has occurred .

(Please attach copy of all office orders till date since the time of joining the hospital for 4,5,6 – mandatory. Only certificate from MS/Director shall not suffice. Failing the submission of the office orders copies, the application shall be summarily rejected)

- 7 Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning / retiring (**Relieving order is enclosed from the previous institution**).

DECLARATION

1. I, Dr. _____ am working as _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am working continuously in the department of my PG qualification since _____.
2. Complete details with regard to work experience have 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 or suppressed ,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 MEDICAL OFFICER

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 /various office orders ,submitted by the candidate with the original certificates/documents /various office orders,as submitted by the medical officer 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. It will be ensured by us that if the officer is recognized as a teacher, he/she shall be posted out from the Department of PG Qualification of the officer only under intimation to the University and without affecting the future academic activities of the department, after posting outside the Department.

4. 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 or suppressed or concealed, 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
Medical Supdt

Countersigned by the
Director/Dean/Principal

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.	Posting order and 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 all office orders till date of the- first posting in the hospital, subsequent rotations in various places in the hospital	Yes / No
7.	Relieving order from the previous institution if applicable	Yes / No
8.	Copy of the office order of permanent posting in the department of PG qualification	Yes/No

Signed by the Teacher:

Date :

Signed by the HOD:

Date :

Countersigned by Dean / Principal:

Countersigned by MS:

Date :

NOTE :

1. The Declaration Form will not be accepted and the person will not be considered for grant of equated designation as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be equated as a teacher if the original of Photo ID proof, Registration Certificates / Degree certificates / State Medical Council ID (if issued) and all orders of Ministry,UPSC, hospital administration till date are not produced for verification at the time of assessment if called .