



Ref: GGSIPU/Aff/Circular/2015/ 1067-L

Dated 01/09/2015

**CIRCULAR**

**Subject: Inviting Applications for conferment of equated designation/Recognition of teachers for the first time in pursuance of Clause 18 of the First Statute of GGSIP University Act No. 09 of 1998, from Consultants/Specialists working at PGIMER, RML hospital and VMMC & SJ Hospital affiliated to GGSIP University, New Delhi conducting Post Graduate Medical Degree/Diploma programme and Super Specialty Medical Courses.**

Applications are invited by the University from eligible Teachers/Consultants/Specialists working at PGIMER, RML Hospital, and VMMC & SJ Hospital affiliated to GGSIP University, New Delhi. The eligible candidates would be:

- (i) Those Consultants/ Specialists (non teaching) who joined PGIMER, RMLH and VMMC & SJ Hospital after 11<sup>th</sup> June 2008 till 30/09/2015 and have not been conferred an equated designation till date.
- (ii) Those teaching cadre faculty who are due for recognition by the University.

The duly filled applications in the prescribed application proforma alongwith all the relevant documents duly forwarded by the Director/Principal of the Medical College/Institutes should reach to In-charge Affiliation, Room No.20 Affiliation Branch, Administrative Block, GGSIP University, Sector-16 C, Dwarka, New Delhi-110075 latest by 30/09/2015 upto 3.00 P.M. Applications received after due date will be rejected summarily.

The Director of the Medical College/Institutes shall forward the applications of eligible candidates only 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.

**The Director/Principal shall also give a justification along with forwarding of the application as to why the applicant be conferred an equated designation (as per the proviso added on 17<sup>th</sup> Nov 2009 to the 15<sup>th</sup> March 2005 amendment of clause 11.1(d) of PGMER regulation 2000).**

Please Note that the applications should be forwarded to the University with a covering note by the Principal/ Director of the Institute containing brief details about the number of PG seats in the department, plan to increase the seats in that department, number of equated Faculty and regular faculty in that department and the need for conferring equated designation to any additional specialist. Further, application for conferment of equated teaching designation should not be mixed with application for upgradation, failing which the application would be returned to the Institute and will not be processed.

Any omission of eligible candidate or forwarding application of ineligible candidate shall be the sole responsibility of the Principal/ Director/ Head of the Institution

Applications from doctors belonging to the General duty Medical officer cadre shall not be considered. Hence they should not apply.

This issues with the approval of Competent Authority.

  
(Prof. C.S Rai)  
In-Charge Affiliation

Encl: Copy of Application proforma.

**Note:** the teacher cadre faculty who have applied in response to the University circular No.IPU-7/JR(Academics)/Circular/ 2015/1313 dated 12.06.2015 need not apply fresh.

PROFORMA II



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

Proforma for submission by faculty for grant of Equated Teaching designation for non-teaching specialists/recognition of teaching designation for teaching specialists, applying for the first time .(PROFORMA II)

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 of the college. Photo
- 1(d) Date of selection /appointment by UPSC as
- 1(e) Date of joining present institution/medical college: : \_\_\_\_\_  
as \_\_\_\_\_
- 1 (f) Date of transfer from other institution if any and at what level
- 1 (g) Any break/discontinuity in service From To
- 1.(h) Present Designation: \_\_\_\_\_
- 1.(i). Department: \_\_\_\_\_
- 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 proof of 1d,e,f,g,k)

2 Teaching Designation /Equated Applied for :-  
First time /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 . Details of the previous appointments/teaching experience (if needed attach separate sheet)**

Designation	Department & Name of Institution (Teaching/Non Teaching)	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/Specialist						
Associate Professor/Specialist grade II						
Professor/Specialist grade I						
Director Professor/Consultant						

(Attach Proof of all)

- 4.(a) Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning / retiring (Relieving order is enclosed from the previous institution).

**PART II**

(To Be filled by Nonteaching specialists only, applying for conferment of equated teaching designation for first time)

- 1 Equated designation applied for
- 2 Total number of years of experience as a specialist.

**PART III**

( For teaching specialist only )

1. Date of appointment by UPSC
2. Present designation by Min of Health \_\_\_\_\_ on \_\_\_\_\_
3. Earlier recognition given by any other university prior to transfer to the present institute  
Assistant/associate/professor \_\_\_\_\_ on \_\_\_\_\_
4. Recognition asked for \_\_\_\_\_
5. Publications in indexed journals as first/second author)
  - a) Number International \_\_\_\_\_  
National \_\_\_\_\_
  - b) List of publications mentioned above ( attach reprints/photocopies of the publications, use a separate sheet if required))

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

SIGNATURE OF THE FACULTY

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. It is further certified that he/ she is eligible for grant of equated teaching designation.
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. 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.

Date:  
Place:

Signed by the HOD

Countersigned by the  
Director/Dean/Principal