



(ESI)

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

Ref: GGSIPU/Aff/Circular/2015/ 1068-L

Dated 01/09/2015

CIRCULAR

Subject: Inviting Applications for recognition of Teachers/conferment of equated designations in pursuance of Clause 18 of the First Statute of GGSIP University Act No. 09 of 1998, from Teachers/Consultants/Specialists working at ESI PGIMER provisionally affiliated to GGSIP University, New Delhi conducting Post Graduate Medical Degree programme.

Applications are invited by the University from eligible candidates with the eligibility date as on 30/09/2015 for consideration as recognized Teachers and/or Equated Teaching Designations from Teachers/Consultants/Specialists working at ESI PGIMER, affiliated to GGSIP University, New Delhi. The eligible candidates would be:

- i) Those Consultants/ Specialists (non teaching) who joined ESI PGIMER and have not been conferred an equated designation or /and are due for upgradation. The conferment /upgradation shall be done as per the relevant MCI regulation for ESI hospitals).
- ii) Those teaching cadre Specialists/faculty who are due for recognition/upgradation shall also apply.

(Please note that, publications as First/Second authors or the first and corresponding authors as the case may be, only in indexed journals would be considered).

The duly filled applications in the prescribed application Performa alongwith all the relevant documents duly forwarded by the Principal/Director of the Medical College/Institutes should reach 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. Application received after the due date will be rejected summarily.

Please note that the applications should be forwarded to the University with a cover note by the Principal/ Director containing brief details of the applicants such as Name, Date of Birth, Present Designation, Designation applied for and experience. Further, the applications for recognition, upgradation and conferment of equated teaching designations must contain separate covering note for each i.e. the applications should not be mixed, failing which the application would be returned to the Institute and will not be processed.

The Principal/Director of the Medical College/Institutes shall forward the applications of eligible candidates only. 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 officers of general duty Medical Officers need not apply.

This issues with the approval of the Competent Authority.


Prof. C.S Rai
In-Charge Affiliation

Encl:

- i) Copy of Application proforma

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/Y Y	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

- 3 Number of Research publications in Indexed Journals as First//corresponding author

- 4 List of the above mentioned publications with the reprints or photocopy of all the research publications mentioned above.(Please use separate sheet)

PART III

(For teaching specialist only)

1. Date of appointment

2. Present designation by ESI _____ on _____

3. Earlier recognition given by any other university prior to transfer to the present institute
Assistant/Associate/Professor _____ on _____

4. Recognition applied 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)

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/ recognition.
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

REMARKS

S.No	Documents	Submitted
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.	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 experience certificate for all teaching appointments held before joining present institute.	Yes / No
7.	Relieving order from the previous institution.	Yes / No
8.	Reprints/copies of papers published	Yes/No

Signed by the Teacher:

Date :

Signed by the HOD:

Date :

Countersigned by Dean /Principal:

Date :

NOTE:

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