

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

Affiliation Branch

Ref: GGSIPU/Aff/Circular/2015/ 10 69 - レ

Dated 01 | 69 | 2015

CIRCULAR

Subject: Inviting Applications for upgradation of the faculty(both teachers and equated teachers) in pursuance of Clause 18 of the First Statute of GGSIP University Act No. 09 of 1998, from Teachers/Consultants/Specialists working at PGIMER,RMLH and VMMC,SJH affiliated to GGSIP University, New Delhi conducting Post Graduate Medical Degree/Diploma programme and Super Specialty Medical Courses.

Applications for upgradation are invited by the University from all those teachers working at PGIMER, Dr. RML Hospital and Vardhman Mahavir Medical Colleges & Safdurjung Hospital, affiliated to GGSIP University, New Delhi, who have earlier been recognised/conferred equated designation by GGSIPU. The eligible candidates would be:

- (i) Those Consultants/ Specialists (non teaching) who joined these Institutes prior to 11th June 2008 and have been conferred an equated designation and are due for upgradation. The upgradation will be as per MCI minimum qualification of teachers in Medical Education Regulations 1998 and amendments thereof.
- (ii) Those teaching cadre faculty/ Specialists who have been accorded recognition by GGSIPU

The duly filled applications in the prescribed application performs alongwith all the relevant documents duly forwarded by the Principal/Director of the Medical College/Institutes should reach incharge 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.

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.

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, such as Name, Present Designation, Designation applied for and experience etc. of all the applicants. Further, the applications of upgradation should not be mixed with application for conferment of equated teaching designation, failing which the application would be returned to the Institute and will not be processed.

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.

In-Charge Affiliation

Encl: Copy of Application performa

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PROFORMA I

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

Proforma for submission by both Teaching/Equated Teaching faculty for upgradation (PROFORMA I)

1.	Name
2.	Name of MedicalCollege
3.	Date of joining present institution/medical college;
	as
4	Department:
5.	Last Equated designation conferred /Recognition of teaching specialist by GGSIP University (attach copy of order)
	Assistant Professor on
	2. Associate Professor on
6.	Upgradation of Equated Designation/Recognition applied for
7. autho durin	Number of Research publications in Indexed Journals as First/Second or during the last 4 (four) academic years if applied for Associate Professor or against three years, if applied for Professor:
(a)	International Journals
(b)	National/Journals

List of the above mentioned publications with the reprints or photocopy of

all the research publications mentioned above. (Please use separate sheet if required)

DECLARATION

1.	I, Dr	am working as	in		
	the Department o	f at			
	Medical College an	d do hereby give an undertaking that l	I am a full time teacher in		
		, working from	A.M. to P.M.		
	daily at this Institut	2.			
2.	Complete details with regard to work experience has been provided & nothing has been concealed by me.				
correct turnin misde	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		
Ď	ate & Place:				
<u>EN</u>	IDORSEMENT				
1.	about the correctne above mentioned of documents submit submitted by the i	s the certification that the undersigned has and veracity of each content of this declaration as true and correct. I have ted by the candidate with the original teacher to the Institute and with the coorrect and authentic. It is further certifies	leclaration and endorses the e verified the certificates / Il certificates/documents as neerned Institute and have		
2	I also confirm that	Dr	is not practicing or carrying		
	out any other activ	ity during college working hours i.e. from	n to since		
	he/she has joined t	he Institute.			
3.	In the event of this declaration turning out to be either incorrect or any part of the declaration subsequently turning out to be incorrect or false it is understood an accepted that the undersigned shall also be equally responsible besides the declarate himself/herself for any such misdeclaration or misstatement.				
Date:		Signed by the HOD	Countersigned by the		