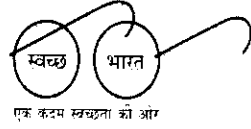




GURU GOBIND SINGH  
INDRAPRASTHA  
UNIVERSITY

# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

SEC-16C, DWARKA, NEW DELHI - 110078



## ADMISSION BRANCH

Ref. No.: GGSIPU/Admissions/ROT/Medical/2018-19/8261

Dated: 10.12.2018

### CIRCULAR – II

**Subject :- Inviting applications for recognition/conferment of teaching designations in pursuance of Clause 18 of the First Statute of GGSIP University Act No. 09 of 1998 and University regulation for recognition of Teachers(Medical), from Teachers/specialists working at ESI, PGIMSR affiliated to GGSIP University, New Delhi conducting Post Graduate Medical Degree programme and Super Speciality Medical Course.**

In pursuance of the University regulations for recognition of teachers(medical), applications are invited for recognition/conferment and review of equated designations or recognition as teacher, by the University in the attached Form from

The eligible candidates would be:

- i) Those teaching cadre specialist who joined ESI PGIMSR and have not been conferred an equated designation or/and are due for upgradation (The conferment/upgradation shall be done will be as per the PGMER 2000 and its amendment from time to time) **(To fill form VI)**
- ii) Those teaching cadre Specialists who are due for recognition/upgradation shall also apply. **(To fill form VI)**
- iii) Those regular full time employed (not on contract) Specialists/GDMO's who have not been conferred equated designation may also apply provided they meet the MCI requirement of justification of need based on the current sanctioned PG seats in that discipline **(To fill form VI)**

**Dean ESI-PGIMSR is requested to only forward those applications of the Specialists (non teaching)/GDMO's for equated designations after verifying the need for faculty on the basis of existing faculty and number of seats sanctioned in that discipline. Please do not forward and send all applications to prevent embarrassment to the university and the specialists. In case of GDMO's, copies of posting order of all rotation postings should be attached with application otherwise it shall be considered incomplete & liable to be rejected.**

- iv) Representation by already recognized teachers [specialist (teaching cadre)/ specialist (non teaching cadre) GDMO's cadre], if any, regarding designation.

(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 proforma alongwith all the relevant documents duly forwarded by the Dean ESI-PGIMSR of the Medical College/Institutes should reach the University latest by 07.01.2019 upto 3:00 P.M. at Reception Counter the **Admission Division** of the University, Administration Block, GGSIP University, Sector-16 C, Dwarka, New Delhi-110078.

The University shall not entertain any direct application from the candidate or application not duly forwarded by the Dean of the concerned Medical College/Institution.

It may be noted that the date of eligibility shall be date of joining the institute and the process shall be completed without interviews.

Encl:

Copy of Application Form VI.

  
(Prof. Pravin Chandra)  
In-Charge (Admissions)

Copy to :-

1. Asst. Registrar to Hon'ble Vice Chancellor, GGSIP University.
2. Section Officer, Office of Pro Vice Chancellor, GGSIP University.
3. Dean, USM & PMHS, GGSIP University.
4. Dean, ESI-PGIMSR, Basaidarapur, New Delhi.



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

SECTOR 16/C, DWARKA, NEW DELHI - 110078

[icadmissions@ipu.ac.in](mailto:icadmissions@ipu.ac.in)

## ADMISSION BRANCH

### FORM - VI



**Proforma for submission by teaching specialist/non teaching specialist/GDMO's for recognition as teacher/grant of equated designation/upgradation of designation.  
(For ESI-PGIMSR)**

1.(a) Name: \_\_\_\_\_

(b) Date of Birth & Age: \_\_\_\_\_

(c) Recent Passport size photo of the Employee Signed by Dean of the college/Institute.

(d) Date of selection/appointment by ESI: \_\_\_\_\_ as \_\_\_\_\_

(e) Date of joining present institution/medical college as specialist: \_\_\_\_\_

(f) Any break/discontinuity in service From: \_\_\_\_\_ to \_\_\_\_\_

(g) Present Designation: \_\_\_\_\_

(h) Cadre (Tick one): Teaching Specialist  Non Teaching Specialist  GDMO

(i) Department: \_\_\_\_\_

(j) Name of Medical College: \_\_\_\_\_

(k) Nature of appointment : Regular / Contractual / Ad-hoc: \_\_\_\_\_

(l) Contact Details: Tel (Office) \_\_\_\_\_

Tel (Residence) \_\_\_\_\_

E-mail address \_\_\_\_\_

Mobile Number \_\_\_\_\_

**(Please attach proof of 1.d, e, f, k)**

2. Equated Teaching designation conferred till date:

Assistant Professor –

Associate Professor –

Professor –

3. Upgradation/recognition of designation applied for : \_\_\_\_\_
4. Number of Research publications in Indexed Journals during the last 4 (four) academic years if applied for associate professor or during last three years if applied for professor: (only research article/original article shall be considered, before 08.06.2017 - 1<sup>st</sup> / 2<sup>nd</sup> articles and from 08.06.2017 - 1<sup>st</sup> / corresponding articles)
- (a) International Journals
- (b) National Journals
5. List of the above mentioned publications with the reprints or photocopy of all the research publications mentioned above. (Please use separate sheet if required)
6. 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. ( )					
DNB ( )					
Post DNB Experience					

(Attach copies of MBBS/MD/MS/DM/M.Ch/DNB degrees and registration of the council/s)

(For persons with DNB-Please specify whether DNB was done from MCI recognized institution and the title of the dissertation. If done from non MCI recognized institution then post DNB experience from which institution and its duration)

7. Details of the previous appointments/teaching experience (if needed attach separate sheet)

Designation	Department & Name of Institution (Teaching/Non Teaching) (Whether MCI recognized)	Type of appointment (Regular/ Contractual/ Adhoc)	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months (only of regular appointment)
Senior Resident					
Specialist grade II/III					
Specialist grade II – senior scale					
Specialist grade I					
Consultant					

**(Attach Proof of all)**

8. Before joining present instituion I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning / retiring  
**(Appointment and 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 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 gross misconduct thereby rendering the undersigned liable for necessary disciplinary action.

### SIGNATURE OF THE APPLICANT

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.**
2. I also confirm that Dr. \_\_\_\_\_ is not practicing or carrying out any other activity during college working hours i.e. from \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. 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 declaration himself/herself for any such misdeclaration or misstatement.

Date :

Place :

Signed by the HOD

Countersigned by the  
Dean,ESI-PGIMSR

**REMARKS**

<b>Sr. No.</b>	<b>Documents</b>	<b>Submitted</b>
1.	Recent Passport size photo of the Employee, Signed by Dean 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, M.Ch. other degree.	Yes / No
5.	Copies of Registration of MBBS, PG, DM, M.Ch. 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.	List of publication and Reprints/Copies of papers published	Yes / No

**Signed by the Teacher**

**Date :**

**Signed by the HOD**

**Date :**

**Countersigned by Dean**

**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.