CIRCULAR – I

Subject :- Inviting applications for Upgradation/recognition/conferrment of teaching designations in pursuance of Clause 18 of the First Statue of GGSIP University Act No. 09 of 1998 and University regulation for recognition of Teachers(Medical), from Teachers/specialists/GDMO’s working at PGIMER, Dr. RMLH and VMMC & SJH affiliated to GGSIP University, New Delhi conducting Post Graduate Medical Degree/Diploma programme and Super Speciality Medical Course.

In pursuance the University regulations for recognition of teachers(medical), applications are invited for recognition/upgradation/conferrment of equated designations, by the University in the attached Forms from

i) All those teachers working at PGIMER, Dr. RML Hospital and VMMC & Safdarjang Hospital, affiliated to GGSIP University, New Delhi, who have been recognised/conferrred equated designation and are eligible for upgradation (To fill form I)

ii) Those specialists (non teaching cadre)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 II)

Director PGIMER and Medical Supdt SJH are requested to only forward those applications of the specialists 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.

iii) All those Specialists (teaching sub-cadre) who have not been given recognition till date by GGSIPU. (To fill form II)

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

The duly filled applications in the prescribed application proforma alongwith all the relevant documents duly forwarded by the Director PGIMER/Medical Supdt. SJH 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 Principal/Director/Medical Supdt 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 I and II.

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. Director, PGIMER, Dr. RML Hospital, New Delhi.
5. M.S. VMMC & Safdarjung Hospital, New Delhi.

(Prof. Pravin Chandra)
In-Charge (Admissions)
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR 16/C, DWARKA, NEW DELHI - 110078
iadmissions@ipu.ac.in

ADMISSION BRANCH
FORM – I

Proforma for submission by both teaching / equated teaching faculty for upgradation
(For PGIMER, Dr. RMLH & VMMC & SJH)

1. Name: ________________________________

2. Name of Medical College: ________________________________

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)

1. Assistant Professor on __________

2. Associate Professor on __________

6. Upgradation of equated designation applied for: __________

7. 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 – 1st / 2nd articles and from 08.06.2017 – 1st / corresponding articles)

(a) International Journals

(b) National Journals

8. List of the above mentioned publications with the reprints or photocopy of all the research publications mentioned above. (Please use separate sheet if required)

Page 1 of 3
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 misdecoration 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 misdecoration or misstatement.

Date : Signed by the HOD Place : Countersigned by the Principal/Director/M.S
### REMARKS

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Documents</th>
<th>Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Copy of the certificate issued by University / office order of University</td>
<td>Yes / No</td>
</tr>
<tr>
<td>2.</td>
<td>Photocopies of the papers published</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

**Signed by the Teacher**  
Date:

**Signed by the HOD**  
Date:

**Countersigned by Principal/Director/M.S**  
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.
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR 16/C, DWARKA, NEW DELHI - 110078
icadmissions@ipu.ac.in

ADMISSION BRANCH

FORM – II

Proforma for submission by faculty for grant of equated teaching designation for non-teaching specialists/recognition of teaching designation for teaching specialists only applying for the first time. (For PGIMER, Dr. RMLH & VMMC & SJH)

PART I (To be filled by all)

1.(a) Name: _______________________________________________________

(b) Date of Birth & Age: ___________________________________________

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

(d) Date of selection/appointment by UPSC: ___________________________ as _____________________________________________________________

(e) Date of joining present institution/medical college: ______________ as ________________

(f) Date of transfer from other institution if any and at what level: ______________ as ______________

(g) Any break/discontinuity in service From: _________________________ To _________________________

(h) Present Designation: ___________________________________________

(i) Department: ___________________________________________________

(j) Name of Medical College: _______________________________________

(k) Nature of appointment : Regular / Contractual / Ad-hoc / CGHS: _______________________

If CGHS place of primary posting (attach copy of order)

(l) Contact Details: Tel (Office) _______________________________________

Tel (Residence) _______________________________________

E-mail address _______________________________________

Mobile Number _______________________________________

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

Page 1 of 6
2. Teaching designation / equated applied for :-

First time / upgradation / recognition

3. Qualifications (only)

<table>
<thead>
<tr>
<th>Qualification</th>
<th>College</th>
<th>University</th>
<th>Year</th>
<th>Registration No. of UG &amp; PG with date</th>
<th>Name of the State Medical Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBBS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD/MS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(</td>
<td>)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DM/M.C.H.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(</td>
<td>)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other degree / diploma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Designation</th>
<th>Department &amp; Name of Institution (Teaching/Non Teaching)</th>
<th>Type of appointment (Regular/Contractual/Adhoc</th>
<th>From DD/MM/YY</th>
<th>To DD/MM/YY</th>
<th>Total Experience in years &amp; months</th>
<th>Recognition by any other university since</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Resident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Professor / Specialist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate Professor / Specialist grade II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor / Specialist grade I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director Professor / Consultant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Attach Proof of all)
4. (a) Before joining present institution I was working at ________________________________ as ___________________________________________ and relieved on ________________ after resigning / retiring / transfer (Relieving order is enclosed from the previous institution).

PART II
(To be filled by non teaching specialists only, applying for conferment of equated teaching designation for first time)

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. Equated designation applied for: ____________________________________________________

5. Total number of years of experience as a specialist: _________________________________

6. Number of Research publications in Indexed Journals (only research article/original article shall be considered, before 08.06.2017 – 1st / 2nd articles and from 08.06.2017 – 1st / corresponding articles)
   (a) International Journals
   (b) National Journals
   (c) List of the above mentioned publications with the reprints or photocopy of all the research publications mentioned above. (Please use separate sheet if required)

PART III
(To be filled by 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 (only research article/original article shall be considered, before 08.06.2017 – 1\textsuperscript{st} / 2\textsuperscript{nd} articles and from 08.06.2017 – 1\textsuperscript{st} / corresponding articles)
   (a) International Journals
   (b) National Journals
   (c) List of publications mentioned above (attach reprints/photocopies of the publications, use a separate sheet if required).

PART IV
(To be filled by GDMO's 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. Equated designation applied for: ________________________________

5. Total number of years of experience as a specialist: __________________________

6. Number of Research publications in Indexed Journals (only research article/original article shall be considered, before 08.06.2017 – 1\textsuperscript{st} / 2\textsuperscript{nd} articles and from 08.06.2017 – 1\textsuperscript{st} / corresponding articles)
   (a) International Journals
   (b) National Journals
   (c) List of the above mentioned publications with the reprints or photocopy of all the research publications mentioned above. (Please use separate sheet if required)

7. Copies of posting order of all rotation posting should be attached with application otherwise it shall be considered incomplete & liable to be rejected.

Posting order of different department attached: YES / NO
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

Principal/Director/M.S
## REMARKS

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Documents</th>
<th>Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Recent Passport size photo of the Employee, Signed by Dean/Principal of the College</td>
<td>Yes / No</td>
</tr>
<tr>
<td>2.</td>
<td>Certified copies of UPSC appointment letter / present appointment order at present Institute / transfer order</td>
<td>Yes / No</td>
</tr>
<tr>
<td>3.</td>
<td>Joining report at the present institute</td>
<td>Yes / No</td>
</tr>
<tr>
<td>4.</td>
<td>Copies of Degree certificates of MBBS, PG, DM, M.Ch. other degree.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>5.</td>
<td>Copies of Registration of MBBS, PG, DM, M.Ch. other degree.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>6.</td>
<td>Copy of experience certificate for all teaching appointments held before joining present institute.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>7.</td>
<td>Relieving order from the previous institution</td>
<td>Yes / No</td>
</tr>
<tr>
<td>8.</td>
<td>Reprints/Copies of papers published</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

**Signed by the Teacher**  
Date: 

**Signed by the HOD**  
Date: 

**Countersigned by Principal/Director/M.S**  
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.