



**Guru Gobind Singh Indraprastha University**  
**Sector-16 C, Dwarka, Delhi- 110078.**



**OFFICE OF DIRECTOR (ACADEMIC AFFAIRS)**

Ref. No. GGSIPU/DAA/TR/Medical/2022/ 4421<sup>L</sup>

15<sup>th</sup> November, 2022

**CIRCULAR-III**

**Subject: Inviting applications from Non-Teaching Specialists/Medical Officers of Medical Colleges/Institutions affiliated to GGSIP University who have been previously granted equated teaching designation by GGSIP University, for consideration of grant of next higher teaching designation under Statute 18 of the First Statutes of GGSIP University Act No. 09 of 1998 and other applicable University Regulations.**

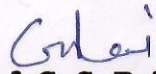
Applications are invited from Non-Teaching Specialists/Medical Officers of Medical Colleges/Institutions affiliated to GGSIP University previously granted equated teaching designation by GGSIP University, for consideration of grant of next higher teaching designation, in the attached Form II, from:

- (i) All those working as Non-Teaching Specialists/Medical officers in Medical Colleges/Institutions affiliated to GGSIP University, who have been previously granted equated teaching designation by the GGSIP University for consideration of grant of next higher teaching designation.
- (ii) All candidates, who may have applied earlier but have not received upgradation, should apply afresh with all relevant documents.
- (iii) The duly filled applications in the prescribed proforma alongwith all the relevant supportive documents, duly considered and forwarded by the Head of the Institution (i.e. Principal/Dean/Director/Medical Superintendent as the case may be) of the affiliated Medical Colleges/Institutions, must be submitted in the University **latest by 16<sup>th</sup> December, 2022 upto 5:00 p.m.** in **Personnel Branch, Room No. 115, Administrative Block, GGSIP University, Sector- 16C, Dwarka, New Delhi- 110 078.**

The University shall not entertain any direct application, from the candidate or application not duly considered and forwarded by the Head of the Institution (i.e. Principal/Dean/Director/Medical Superintendent as the case may be) of the concerned Medical Colleges/Institutions. Also, incomplete applications as well as applications received after the last date shall not be considered.

**Encl.**

Copy of the Application Form II

  
**Prof. C. S. Rai**  
**Director, Academic Affairs**

**Copy to:**

1. Dean, USM&PMHS, GGSIP University
2. Principal/Dean/Director/Medical Superintendent of concerned Medical Colleges/Institutions affiliated to GGSIP University.
3. JR, Personnel-I
4. AR, VC Secretariat for kind information to Hon'ble Vice Chancellor, GGSIP University
5. AR, office of Registrar, GGSIP University
6. In-charge, UITS for uploading on University website.
7. Office copy



**Guru Gobind Singh Indraprastha University  
Sector-16c Dwarka, New Delhi-110078**

**Personnel Branch  
Form II**

**Application form for those working as Non-Teaching Specialists/Medical Officers in medical colleges/ institutions affiliated to GGSIP University who stand recognized by GGSIP University as teachers and are eligible for upgradation**

**No applications for fresh equated designations should be submitted by any college.**

**Designation applied for:** \_\_\_\_\_

Affix a recent passport size photograph of the employee duly signed by the Principal/Director/Dean of the College/Institute

1. Name of Applicant : \_\_\_\_\_

2. Name of Medical Institution: \_\_\_\_\_

3. Date of joining present Medical Institution: \_\_\_\_\_

in the post of \_\_\_\_\_

4. Department: \_\_\_\_\_

5. Contact Details Tel. (Office) \_\_\_\_\_

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

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

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

6. CHS/State Govt./ESI Positions held in the Medical College: (Attach copy of order(s))

(i) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

(ii) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

(iii) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

(iv) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

7. Present post held under parent cadre in CHS/ESIC/Other Govt. Service :

Post: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

8. Teaching Designations previously granted to the applicant by GGSIP University (Attach a copy of the order)

(i) Assistant Professor on \_\_\_\_\_

(ii) Associate Professor on \_\_\_\_\_

9. Designation applied for: \_\_\_\_\_

### 10. Details of Research Publications

Only list those publications which are acceptable under the NMC regulations applicable on the date the works were published.

S. No.	Title of research paper	Type of paper: Original research/ Review/Case report/ Case Series/ Meta- analysis/Letter to Editor	Authorship First / second/ third and/or corresponding	Name of the journal and Name of the indexing database service with which it is indexed (attach proof of indexing of the journal from the specific indexing site)	If published, date of publication*	If accepted, date of acceptance*
1.						
2.						
3.						
4.						

\*The NMC publication regulations which were applicable on the date of publication will apply.

\*\* Please provide the reprints and photocopies of acceptance letters / all research publications stated above. Append two eligible publications if applying for associate professor; and four eligible publications on a cumulative basis if applying for professor, of which minimum of two publications must be published during the tenure as associate professor.

### 7. Details of Basic Course in Medical Educational Technology from a NMC designated Institution (attach proof)

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### 8. Details of Basic Course in Biomedical Research from a NMC designated Institution (attach proof)

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### Declaration by the Applicant

1. I, Dr. \_\_\_\_\_ am working as (current CHS/ESIC/Government post) \_\_\_\_\_ and (teaching designation granted by GGSIPU) \_\_\_\_\_ in the Department of \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ Medical Institution and do hereby give an undertaking that I am a full-time teacher and working from \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. daily at this Institute/College.

2. I have provided complete details of my work experience and I have not concealed any information.

3. I hereby declare that each statement in the application form and the contents of declaration and the documents and certificates submitted by me are true and correct. If any statement given in this declaration form is found to be false or incorrect, it will constitute as gross misconduct on the applicant's part and render him/her liable to punitive disciplinary action.

Date:  
Place:

**Signature of the Applicant**  
with official stamp

### Endorsement

1. This endorsement is a certification that the undersigned have satisfied themselves about the correctness and veracity of the facts submitted in the application and that the declarations given by the applicant are true and correct. The copies of the certificates/documents submitted by the candidate have been verified by comparing them with the original certificates/documents as existing on record and they have been found to be correct and authentic.
2. We 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 the date he/she has joined the Institute.
3. **In the event any declarations given by the applicant turn out to be incorrect or false, it is understood and accepted that the undersigned shall be responsible for endorsing any such misdeclaration.**

Date:  
Place:

**Signature of the Head of Department**  
with official stamp

**Signature of the Principal/Director**  
with official stamp

### Enclosures

S. No.	Documents	Submitted
1.	True copy of the certificate issued by the GGSIP University/Office Order of GGSIP University certifying previously held recognition as teacher (self attested)	Yes/No
2.	True photocopies of the published research papers with <b>proof of indexing of the journal from the specific indexing site</b> (self attested)	Yes/No
3.	True copy of the present and previous posting orders as non-teaching specialist/ medical officer to the institution/organization and the department the applicant has served in the past and is currently serving	Yes/No

**Signature of the applicant**  
**Official stamp**  
Date:

**Signature of the Head of Department**  
**Official stamp**  
Date:

**Signature of the Principal/Director/Head of Institution**  
**Official stamp**  
Date:

**Please note:** This Application Form will not be accepted and the applicant will not be considered for any upgradation of teaching designation if any of the above listed documents are not found attached with the application form.