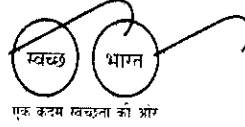




GURU GOBIND SINGH
INDRAPRASTHA
UNIVERSITY

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

SEC-16C, DWARKA, NEW DELHI - 110078



एक कदम स्वच्छता की ओर

ADMISSION BRANCH

Ref. No.: GGSIPU/Admissions/ROT/Medical/2018-19/8260

Dated: 10.12.2018

CIRCULAR - I

Subject :- Inviting applications for Upgradation/recognition/conferment 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/conferment of equated designations, by the University in the attached Forms from

- i) All those teachers working at PGIMER, Dr. RML Hospital and VMMC &. Safdarjung Hospital. affiliated to GGSIP University, New Delhi, who have been recognised/conferred 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.


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



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

SECTOR 16/C, DWARKA, NEW DELHI - 110078

icadmissions@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)

Affix a recent passport
size photograph of the
employee duly signed
by the
Principal/Director/M.S
of the
college/Institute

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

Sr. No.	Documents	Submitted
1.	Copy of the certificate issued by University / office order of University	Yes / No
2.	Photocopies of the papers published	Yes / No

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.

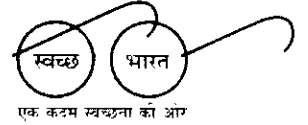


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ADMISSION BRANCH

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)

Affix a recent passport size photograph of the employee duly signed by the Principal/Director/M.S of the college/Institute

- 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)

2. Teaching designation / equated applied for :-

First time / upgradation / recognition

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/M.Ch 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/YY	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 /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 – 1st / 2nd articles and from 08.06.2017 – 1st / 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 – 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).
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

Sr. 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, 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.	Reprints/Copies of papers published	Yes / No

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.