



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



OFFICE OF DIRECTOR (ACADEMIC AFFAIRS)

Ref. No. GGSIPU/DAA/TR/Medical/2022/4419²

15th November, 2022

CIRCULAR-I

Subject: Inviting applications from previously non recognized Teaching Specialists of Medical Colleges/Institutions affiliated to GGSIP University for recognition under Statute 18 of the First Statutes of GGSIP University Act No. 09 of 1998 and other applicable University Regulations.

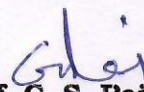
Applications are invited from previously non recognized Teaching Specialists of Medical Colleges/Institutions affiliated to GGSIP University for recognition, in the attached Form I-A, from:

- (i) All those working as regular Teaching Specialists in Medical Colleges/Institutions affiliated to GGSIP University, who have not been recognized as teachers by the University.
- (ii) All candidates, who may have applied earlier but have not received recognition, 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 16th 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 I-A


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 I-A

Application form for those working as regular Teaching Specialists in Medical Colleges/Institutions affiliated to GGSIP University who have not been recognized as teacher by the university (not applicable to medical officers and non-teaching specialists who have been temporarily placed in teaching cadre by their employers)

Designation applied for: _____

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

1. (a) Name of Applicant: _____
- (b) Date of Birth and Age: _____
- (c) Recent passport size photo of the applicant validated by Dean/Principal/Director of the institution
- (d) *Date of appointment: _____ as _____
- (e) *Date of joining present institution/medical college: _____
as _____
- (f) *Date of transfer from other Institution, and if so, the position previously held _____

- (g) *Any break/discontinuity in service? If yes, from: _____ to _____
- (h) Present CHS/State Govt./ESI Teaching Designation: _____ since _____
- (i) Department: _____
- (j) Name of Medical College where currently working: _____
- (k) *Nature of appointment: Regular / Contractual / Ad-hoc _____
- (l) Contact Details: Tel. (Office) _____
Tel. (Residence) _____
E-mail address _____
Mobile Number _____

2. Teaching designation applied for: Assistant Professor/ Associate Professor/ Professor (tick one)

** Please attach documentary proof for 1d, e, f, g, and k*

3. Academic qualifications:

Qualification	College	University	Year
MBBS			
MD/MS/DNB/ Equivalent ()			
DM/M.Ch/Dr.NB/ Equivalent ()			

(Attach self-attested copies of MBBS/MD/MS/DM/M.Ch./DNB degrees)

4. If DNB, and not MD/MS, number of years of experience in 500 or more bedded hospital post DNB:

5. Details of the previous appointments/teaching experience

Designation	Department and Name of Institution	Type of appointment Regular/ Contractual/ Ad hoc	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months	Recognition by any other University and if so, since when?
Senior Resident						
Assistant Professor						
Associate Professor						
Professor						
Director Professor						

(Attach self-attested copy of all documents)

6. 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 of the work 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 of being associate professor.

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

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

Declaration by the Applicant

1. I, Dr. _____ am working as (current post in CHS/State Govt./ESI) _____ in the Department of _____ at _____ Medical College 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
Official stamp

Signature of the Principal/Director
Official stamp

Enclosures

S. No.	Documents	Submitted
1	Recent passport size photo of the applicant, signed by Dean/Director/Principal of the College/Institute	Yes/No
2	Certified copies of appointment letter/present appointment order at present Institute/transfer order	Yes/No
3	Joining report at the present Institute (self-attested)	Yes/No
4	Copies of degree certificates of MBBS, PG, DM, M.Ch, DNB or equivalent degree (self-attested)	Yes/No
5	Copy of experience certificates for all teaching appointments held before joining present Institute (self-attested)	Yes/No
6	Relieving order from the previous Institution (self-attested)	Yes/No
7	List of publication and copies of published research papers with definitive proof of indexing of the journal from the specific "indexing site" (self-attested)	Yes/No
8	Certificate of Basic Course in Medical Educational Technology from a NMC designated Institution	Yes/No
9	Certificate of Basic Course in Biomedical Research from a NMC designated Institution	Yes/No

Signature of the applicant
Official stamp
Date:

Signature of the Head of Department
Official stamp
Date:

Signature of Principal/ Dean /Director
Official stamp
Date:

Please note: This Application Form will not be accepted and the applicant will not be considered for grant of recognition as a teacher if any of the applicable documents are not found attached with the application form.