



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

(A State University Established by the Govt. of NCT of Delhi)

SECTOR-16-C, DWARKA, NEW DELHI-110078

(Establishment Branch-Teaching)

Email ID: [teaching@ipu.ac.in](mailto:teaching@ipu.ac.in) Ph. 011-25302187



F.No. GGSIPU/DAA/TR/Medical/2023/ 2255

Dated: 11.06.2025

**CIRCULAR**

**Sub: Inviting applications to Recognition/Upgradation of Teaching Designation of Medical Colleges/Institutions affiliated to GGSIP University under Statute 18 of GGSIP University Act and other applicable University Regulations.**

Applications are invited from Teaching Specialists of Medical Colleges/Institutions affiliated to GGSIP University for recognition. Following category of faculty working in Medical Colleges Affiliated to GGSIP University may apply in respective Forms.

**Form-I:** All those working as Regular Teaching Specialist in Medical Colleges/Institutions affiliated to GGSIP University who are to be recognized as first time teaching designation.

**Form-II:** All those working in Medical Colleges/Institutions affiliated to GGSIP University, who require upgradation.

(a) Regular Teaching Specialist.

(b) Regular Non-Teaching Specialist/Medical Officer.

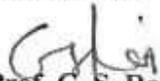
(c) Those who have applied earlier for upgradation but have not received upgradation.

**Instructions:**

- i. The dully filled applications in the prescribed proforma i.e. Form-I for first time teaching designation and Form-II for upgradation with NMC faculty declaration form alongwith all the supportive documents as per NMC guideline, duly counter signed by the Head of the Institution (i.e. Principal/Dean/ Director/Medical Superintendent as the case may be) of the affiliated Medical Colleges/ Institutions may be submitted to this University
- ii. The Head of the Institutions (Principal/Dean/ Director/Medical Superintendent) will constitute an Internal Scrutiny Committee, who will compile the data of each applicant and duly sign the application form before sending to this University. The format for compilation of data of Form I and Form II are attached.
- iii. The Head of the Institution will take utmost care before forwarding the application and will ensure that the applicant is eligible in all respect as per NMC Norms and Internal Scrutiny committee has also found them eligible.
- iv. Each application will also be duly counter signed by Head of the Institution and will be forwarded alongwith all relevant documents in physical mode to **Deputy Registrar, Establishment (Teaching) latest by 11<sup>th</sup> July, 2025 upto 5:00 P.M at, Room No. 113, Administrative Block, GGSIP University, Sector-16C, Dwarka, New Delhi-110078.**

**Encl.**

Copy of Form I and Form II, format of compilation of Form I and Form II & NMC faculty Declaration Form.

  
(Prof. C. S. Rai)

Director, Academic Affairs

**Copy to:**

1. Principal/Dean/Director/Medical Superintendent of all Medical Colleges /Institutions affiliated to GGSIP University
2. Dean, USM&PMHS, GGSIP University.
3. AR to VC Secretariat for kind information to Hon'ble Vice Chancellor, GGSIP University.
4. AR to Office of Registrar, GGSIP University.
5. In-charge, UITS for uploading on University web site.
6. Guard File.



### Form-I

**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)**

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

**1. Designation applied for: \_\_\_\_\_**

- (a) Name of Applicant: \_\_\_\_\_
- (b) Date of Birth and Age: \_\_\_\_\_
- (c) Date of appointment: \_\_\_\_\_ as \_\_\_\_\_
- (d) Name of Medical College where currently working: \_\_\_\_\_
- (e) Date of joining present Institution/ Medical College: \_\_\_\_\_
- (f) Department: \_\_\_\_\_
- (g) Date of transfer from other Institution, and if so, the position previously held \_\_\_\_\_
- (h) Any break/ discontinuity in service? If yes, from: \_\_\_\_\_ to \_\_\_\_\_
- (i) Contact Details: Tel. (Office) \_\_\_\_\_  
 Tel. (Residence) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Mobile Number \_\_\_\_\_

**2. Present CHS/ State Govt/ ESI Designation in the Institution**

	Designation	Permanent/Regular/Contractual/ Ad Hoc	Full Time/Part Time	Date of Designation	Order number
CHS/ State Govt/ ESI					

*(Attach self-attested copy of all documents)*

### 3. Details of Previous Teaching Designation held before joining GGSIPU

S.No	Name of Institution	Designation	Department	Permanent Regular / Contractual / Ad hoc	Full Time/ Part Time	Name of University	Date	Order No.
1								
2								
3								
4								

(Attach self-attested copy of all documents)

### 4. Academic qualifications:

Qualification	College	University	Year
MBBS			
MD /MS/ DNB/Equivalent			
DM/MCh/Dr.NB/Equivalent			

(Attach self-attested copies of MBBS/ MD/ MS/ DM/ MCh/ DNB degrees)

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

### 5. Details of Teaching experience

Designation	Name of Institution	Department	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Senior Resident					
Assistant Professor					
Associate Professor					
Professor					

Director Professor					
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(Attach self-attested copy of all documents)

## 6. Details of Research Publications

<b>Details of Articles Published as SR</b> From _____ To _____
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Period	TOTAL NUMBER OF ARTICLES =			
	Number of Accepted Articles	Number of Published Articles	Number of Indexed articles	Number of Non Indexed articles
PG/ SR				
Assistant Professor				
Associate Professor				

List only those publications which are acceptable under the NMC regulations, applicable on the date the works were published

Details of Articles Published as PG/SR						
S.No.	Title of Last 2 papers	Authorship First / second/ third and/ or corresponding	Type of paper: Original research/ Review/ Case report/ Case Series/ Meta-analysis/ Letter to Editor	Date of Acceptance/ Publication	Name of Journal	Indexing of Journal with ISSN No.
1.						
2.						

<b>Details of Articles Published as Assistant Professor</b>						
<b>From _____ To _____</b>						
<b>S.No.</b>	Title of Last 2 papers	Authorship First / second/ third and/ or corresponding	Type of paper: Original research/ Review/ Case report/ Case Series/ Meta- analysis/ Letter to Editor	Date of Acceptance/ Publication	Name of Journal	Indexing of Journal with ISSN No.
<b>1</b>						
<b>2</b>						
<b>Details of Articles Published as Associate Professor</b>						
<b>From _____ To _____</b>						
<b>S.No</b>	Title of Last 2 papers	Authorship First / second/ third and/ or corresponding	Type of paper: Original research/ Review/ Case report/ Case Series/ Meta- analysis/ Letter to Editor	Date of Acceptance/ Publication	Name of Journal	Indexing of Journal with ISSN No.
<b>1</b>						
<b>2</b>						

Please provide the reprints and photocopies of acceptance letters/ Research publications of last 2 papers as PG/ SR/ Assistant Professor/ Associate Professor, as applicable.

Attach proof of indexing of the journal from indexing site.

**7. Details of Basic Course in Medical Educational Technology from a NMC designated Institute with dates (attach proof)**

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**8. Details of Basic Course in Biomedical Research from a NMC designated Institute with dates (attach proof)**

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**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:

**Signature of the Applicant**

Place:

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 also be responsible for any such misdeclaration.**

Date:

**Signature of the HOD**

**Signature of the Principal/ Dean/ Director**

Place:

Official Stamp

Official Stamp

## Enclosures

S. No	Documents	Submitted
1.	Recent passport size photo of the Employee, signed by Principal/ Dean/ Director of the College/ Institute	Yes/No
2.	Certified copies of appointment order at present Institute/ Transfer order	Yes/No
3.	Joining report at the present Institute (Self-attested)	Yes/No
4.	Relieving order from the previous Institute (Self-att)	Yes/No
5.	Copy of all Teaching appointments held before joining present Institute (Self-attested)	
6.	Copies of Degree certificates of MBBS, PG, DM, MCh, DNB or any other relevant degree (Self-attested)	Yes/No
7.	Copy of Experience certificates for all teaching appointments held (Self-attested)	Yes/No
8.	List of publications and copies of last 2 published research papers, as PG/ SR/ Assistant Professor/ Associate Professor, as applicable, with definitive proof of indexing of the journal from the specific indexing site (Self-attested).	Yes/No
9.	Certificate of Basic Course in Medical Educational Technology from a NMC designated Institute.	Yes/No
10.	Certificate of Basic Course in Biomedical research from a NMC designated Institute.	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 above documents are not found attached with the application form.



## Form II

**Application form for those working as Regular **Teaching Specialists / Non-Teaching Specialists / Medical officers** in Medical Colleges/Institutions affiliated to GGSIP University who stand recognized by the university and are eligible for **Upgradation****

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

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

- (a) Name of Applicant: \_\_\_\_\_
- (b) Date of Birth and Age: \_\_\_\_\_
- (c) Name of Medical College where currently working: \_\_\_\_\_
- (d) Date of joining present Institution/ Medical College: \_\_\_\_\_
- (e) Department: \_\_\_\_\_
- (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) Contact Details: Tel. (Office) \_\_\_\_\_  
 Tel. (Residence) \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Mobile Number \_\_\_\_\_

### 1. Present CHS/ State Govt/ ESI and GGSIPU Designations

	Designation	Date of Designation	Order number	Regular/Contractual/ Ad Hoc	Full Time/Part Time
CHS/ State Govt/ ESI					
GGSIPU					

*(Attach self-attested copy of all documents)*

### 2. Previous CHS/ State Govt/ ESI and GGSIPU Designations

S.No	CHS/ State Govt/ ESI			GGSIPU			Regular/Contractual/Ad Hoc
	Designation	Date	Order No.	Designation	Date	Order No.	
1							
2							
3							
4							

*(Attach self-attested copy of all documents)*

### 3. Details of Teaching experience

Designation	Name of Institution	Department	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Senior Resident					
Assistant Professor					
Associate Professor					
Professor					
Director Professor					

*(Attach self-attested copy of all documents)*

### 4. Details of Research Publications

Period	TOTAL NUMBER OF ARTICLES =			
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PG/ SR				
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Associate Professor				

*List only those publications which are acceptable under the NMC regulations, applicable on the date the works were published*

<p><b>Details of Articles Published as SR</b></p> <p>From _____ To _____</p>
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	Title of Last 2 papers	Authorship First / second/ third and/ or corresponding	Type of paper: Original research/ Review/ Case report/ Case Series/ Meta- analysis/ Letter to Editor	Date of Acceptance/ Publication	Name of Journal	Indexing of Journal with ISSN No.
1						
2						

**Details of Articles Published as Assistant Professor**

From \_\_\_\_\_ To \_\_\_\_\_

	Title of Last 2 papers	Authorship First / second/ third and/ or corresponding	Type of paper: Original research/ Review/ Case report/ Case Series/ Meta- analysis/ Letter to Editor	Date of Acceptance/ Publication	Name of Journal	Indexing of Journal with ISSN No.
1						
2						

**Details of Articles Published as Associate Professor**

From \_\_\_\_\_ To \_\_\_\_\_

	Title of Last 2 papers	Authorship First / second/ third and/ or corresponding	Type of paper: Original research/ Review/ Case report/ Case Series/ Meta- analysis/ Letter to Editor	Date of Acceptance/ Publication	Name of Journal	Indexing of Journal with ISSN No.
1						
2						

Please provide the reprints and photocopies of acceptance letters/ Research publications of last 2 papers as PG/ SR/ Assistant Professor/ Associate Professor, as applicable.

Attach proof of indexing of the journal from indexing site.

**6. Details of Basic Course in Medical Educational Technology from a NMC designated Institute with dates (attach proof)**

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**7. Details of Basic Course in Biomedical Research from a NMC designated Institute with dates (attach proof)**

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**Declaration by the Applicant**

- 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.
- I have provided complete details of my work experience and I have not concealed any information.
- 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 also be responsible for any such misdeclaration**

Date:  
**Principal/Director**  
Place:

**Signature of the HOD**  
Official Stamp

**Signature of the**  
Official Stamp

## Enclosures

S. No.	Documents	Submitted
1.	Recent passport size photo of the Employee, signed by Principal/ Dean/ Director of the College/ Institute	Yes/No
2.	Certified copies of appointment orders at present Institute	Yes/No
3.	Joining report at the present Institute (Self-attested)	Yes/No
4.	Copies of CHS/ State Govt/ ESI and GGSIPU Designations (Self-attested)	Yes/No
5.	Copy of Experience certificates for all teaching appointments held (Self-attested)	Yes/No
6.	List of publications and copies of last 2 published research papers, as PG/ SR/ Assistant Professor/ Associate Professor, as applicable, with definitive proof of indexing of the journal from the specific indexing site (Self-attested).	Yes/No
7.	Certificate of Basic Course in Medical Educational Technology from a NMC designated Institute.	Yes/No
8.	Certificate of Basic Course in Biomedical research from a NMC designated Institute.	Yes/No
9.	Copies of Degree certificates of MBBS, PG, DM, M.Ch. DNB and other degree. (Self-attached)	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 above documents are not found attached with the application form.