



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 Ph. 011-25302187



F.No. GGSIPU/DAA/TR/Medical/2023/ 2259

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 11th 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.



240/C

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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)

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 _____

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

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)

5. Details of Research Publications

Details of Articles Published as SR 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.						

Details of Articles Published as Assistant Professor						
		From	To			
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						
Details of Articles Published as Associate Professor						
		From	To			
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						

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)
-
-

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

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

- 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.
- 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
- 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:

Place:

Signature of the HOD

Official Stamp

Signature of the Principal/ Dean/ Director

Official Stamp

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.



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Form II

Application form for Upgradation for those working as Regular Teaching Specialists/ Non-Teaching in Medical Colleges/Institutions affiliated to GGSIP University who stand recognized by the university on part

Designation applied for: _____

(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 _____

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

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

	CHS/ State Govt/ ESI			GGSIPU			Regular/Contractual/Ad Hoc
S.No	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 =			
	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 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 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)

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

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

22/C

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.

Faculty Declaration Form (For AY _____)

Name of the College: _____

Assessment date	__ / __ / __	Remarks and Signature of Assessor
Accepted	Yes / No	
Assessor's name		

Note: It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee and has not appeared for assessment in any other college for any discipline and in any capacity during the stated academic year.

1. Name of Faculty: _____

2. Age & Date of birth: _____ (Years) ____ / ____ / ____

3. Photo ID submitted: PAN Card/Aadhar Card/Voter ID/Passport copy

Number: _____

Issuing Authority: _____

Note:

- (i) Declaration forms without a valid government issued Photo ID will NOT be accepted.
- (ii) It is mandatory to produce Original certificates at the time of verification.
- (iii) Only certificates/documents/certified translations in the English language will be accepted.

Attach a recent passport size color photograph with signature and seal of the Principal / Dean across it

4. Present Designation: _____

a. Appointment order: Certified copy of order at this institute attached: Yes / No

b. Department: _____

c. College/Institute: _____

d. City / District: _____

e. Appointment: (i) Regular/Contractual/Ad-hoc basis
(ii) Full time /Part time
(iii) With Private practice / Without Private practice

f. Date of appearance in last MCI/NMC assessment:

i. UG / PG / Any other: _____

ii. Name of College: _____

iii. Whether appeared and accepted at the same College: Yes / No

iv. Whether appeared and accepted for the same designation: Yes / No

v. Whether retired from Government Medical College: Yes / No

vi. If yes, designation at the time of retirement: _____

Signature of the Faculty_____
Signature & Seal of Dean

NMC- Faculty Declaration Form (2021-22)V.1.1

5. Complete Residential Address of the employee:

- a. Present: _____

- b. Permanent: _____

6. Copy of Proof of Residence submitted and original verified: Yes / No
 (Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

7. Contact details:

- a. Office telephone with STD code: _____
- b. Residence telephone with STD code: _____
- c. Mobile Phone Number: _____
- d. Email address: _____

8. Date of joining the present institution: ____ / ____ / ____

9. Joining report verified / attached Yes / No

10. Have you attended the 'Basic Course Workshop' for training in MET: Yes / No.

If Yes, give details (strike out whichever is not applicable):

- a. at MCI/NMC Regional MET Centre: Yes / No.
- b. at your college under Regional Centre observership: Yes / No
- i. Name of Observer: _____

11. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
MBBS				
MD/MS				
DM/MCh				
PhD				

- a. MD/MS subject: _____
- b. DM/MCh subject: _____
- c. PhD subject: _____

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates

12. Copies of educational qualifications:

- a. Copies of MBBS & PG Degree certificates verified and attached: Yes / No
- b. Copies of MBBS & PG Degree Registration verified and attached: Yes / No

13. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident			__/__/__	__/__/__	__(y)__(m)
Senior Resident			__/__/__	__/__/__	__(y)__(m)
Tutor			__/__/__	__/__/__	__(y)__(m)
Asst. Professor			__/__/__	__/__/__	__(y)__(m)
Assoc. Professor			__/__/__	__/__/__	__(y)__(m)
Professor			__/__/__	__/__/__	__(y)__(m)

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		__/__/__	__/__/__	__(y)__(m)
Classified Specialist		__/__/__	__/__/__	__(y)__(m)
Advisor		__/__/__	__/__/__	__(y)__(m)

* Note: Documents in support of each posting to be furnished for verification

14. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

15. Details of employment before joining the present institution:

- a. Name of College/Institution: _____
- b. Designation: _____ Date on which relieved: __/__/__
- c. Reason for being relieved: Tendered resignation / Retired / Transferred / Terminated
- d. Relieving order issued by previous institution verified and attached: Yes / No

16. PAN Card Number:

17. Aadhar card Number:

18. I have drawn total emoluments from this college in the current financial year as under:

Month	Amount Received	TDS
1. April _____		
2. May _____		
3. June _____		
4. July _____		
5. August _____		
6. September _____		
7. October _____		
8. November _____		
9. December _____		
10. January _____		
11. February _____		
12. March _____		

[Copy of PAN card & Form 16 (downloaded from TRACES) for FY 2019-20 (Assessment Year 2020-21) to be attached]

19. Number of Research articles in Indexed Journals:

- a. International Journals: _____
- b. National Journals: _____
- c. State / Institutional Journals: _____

20. Details of other publications:

- a. Number of Books published:
- b. Number of Chapters in books:

DECLARATION

1. I, Dr. _____ am working in the capacity of _____
in the Department of _____ at _____
Medical College and do hereby give an undertaking that I am employed as a full time
teaching faculty, working from __:__ A.M. to __:__ P.M. daily at this Institute.
2. I have not made myself available to any other Medical College/Institution in any discipline,
in the capacity of a teaching faculty, administrator or advisor in the current academic year
for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital
during college hours.
 - b. I practice at _____ Nursing Home / Clinic / Hospital
in the city of _____ in _____ State and my hours of
private practice are from __:__ AM/PM to __:__ AM/PM.
4. I am not working in any other medical/dental college in or outside the State in any capacity:
Regular/Contractual/Ad-hoc or Full time/Part time/Honorary.
5. I declare that I have provided all details with regard to my work and teaching experience and
no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form
is absolutely true and correct, and all the documents/certificates that were made available by
me for verification or have been submitted by me along with this declaration form are
authentic. In the event of any information furnished or statement made in this declaration
subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found
to be out of order, or it comes to light that there has been suppression of any material
information, I understand and accept that it shall be considered as gross misconduct thereby
rendering me liable to disciplinary and/or legal proceedings. It might also lead to
suspension/cancellation of my Registration with the State Medical Council and/or removal
of my name from the Indian Medical Register.

Date:

Place:

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates/documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**

2. I also confirm that Dr. _____ is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from __:__ AM to __:__ PM, since she/he has joined the Institute.

3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the misdeclaration or misstatement.

Date:

Place:

Signature (Head of Dept.)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean/Principal of college	Yes / No
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card	Yes / No
3.	Certified copy of Appointment order of the present Institute.	Yes / No
4.	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/ Aadhar Card	Yes / No
5.	Joining report at the present institute.	Yes / No
6.	Copies of MBBS, PG, PhD degrees (as applicable).	Yes / No
7.	Copies of MBBS, PG, PhD degree Registration Certificates (as applicable).	Yes / No
8.	Copy of experience certificates of all teaching appointments before joining present post.	Yes / No
9.	Relieving order from the previous institution/posting.	Yes / No
10.	Copy of PAN Card	Yes / No
11.	Form 16A (downloaded from TRACES) for FY 2019-20 (Assessment Year 2020-21)	Yes / No
12.	Letter head (in case of teachers who are practicing)	Yes / No
13.	Copy of letter from affiliating University recognizing as UG teacher	Yes / No
14.	Copy of letter from affiliating University recognizing as PG teacher (for PG assessment)	Yes / No
15.	Copy of Aadhar Card	Yes / No

Signature of Faculty

Date:

Signature of the HoD.

Date:

Signature of Head of Institute

Date:

Signed & Verified (Assessor)

Date:

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submissions in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.