

BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES, MUMBAI

Application Form for Temporary Appointment of MD, MS, M.Ch. Teachers to be submitted as follows :

[A] Application Form duly filled alongwith

- i. Recognition Form – Appendix – XVII
- ii. Form for Validation of teaching experience – Appendix - XVI
- iii. Experience Certificate - Appendix – XV
- iv. Affidavit as per Appendix – XIV

[B] Documents

- i. Passport size recent photograph - 04 nos.
- ii. Aadhar Card.
- iii. Voter ID Card.
- iv. Pan Card.
- v. MBBS, PG and onwards – Passing and Degree Certificates.
- vi. MCI / MMC Registration.
- vii. Additional Qualification Certificates.
- viii. Teaching Experience Certificates and Relieving Order.
- ix. Certificate stating participation of Teacher in Research Methodology workshop conducted by MET, Regional Centre, Pune.
- x. Certificate stating participation of Medical Teachers in Basic Course in Biomedical Research (BCBR) conducted by ICMR-NIE on behalf of NMC.
- xi. Publications (1st Author or 2nd Author).
- xii. Appointment Order of all the previous attachments / employments.
- xiii. Joining Report of each attachments / employments.
- xiv. Copy of Report of Selection Committee by Conventional University.
- xv. ITR and Form 16 (From the period of teaching experience till date)

- Note :**
- 1) Additional Documents may be asked for, if University demands.
 - 2) Applications should be sent personally or through speed post / courier only.
 - 3) Applications through Email will not be accepted.

AFFIDAVIT

(To be prepared on a Stamp Paper)

I _____, Aged _____ years,

Residing at _____

possesses experience as under :

Sr. No.	Name of College or Institution	Affiliated to (Name of the University)	Post and Subject	Experience	
				From	To
1					
2					
3					
4					

I humbly state that, the above said experience is valid and legitimate. If any doubt / complaint arise with regards to the authenticity of the said experience, I personally should be held responsible for it. The Maharashtra University of Health Sciences, Nashik is no way concerned with it. I shall co-operate with the enquiry and stand ready for the legal proceedings, if any.

I have attended the interview at _____ (Name of the College), on _____ (date), for the post of _____ (post), in the subject _____ (subject).

I am submitting this affidavit in order for the Maharashtra University of Health Sciences, Nashik to consider and accord approval to the above said experience and in turn to the appointment on the said post made by _____ (Name of the College). I understand that, the University is at liberty to withdraw / cease the approval so granted, if any consequence arises with regards to the validity of the said experience.

I am submitting this affidavit on my own and without any pressure / interference

Date :**Place:****Signature**

(Name :.....)



BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES

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2206 76 76
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Gram : SWASTHYA
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Appendix-XY
12, New Marine Lines,
Mumbai-400 020.

Outward No.:

Date: / /20

EXPERIENCE CERTIFICATE

It is certified that, Dr./ Vd. _____ had worked on ad-hoc / temporary / regular teacher in fulltime capacity _____ (name of College / Institute) as a _____ (post) in _____ (subject / department).

His / her experience in the said College / Institute is as under:

Sr. No.	Post	Subject	Experience	
			From	To
1				
2				
3				
4				

During the said period his/her work and conduct was satisfactory. He / She has been relieved / discharged from the service from _____

He / She bear good moral character. We wish him / her all the best for his / her future endeavors.

This certificate is given as per his / her request.

Date :

Place:

.....
Dean / Principal
of concerned College or Institution
(Signature with Seal / Stamp; if any)

**PROFORMA OF APPLICATION FOR VALIDATION OF UNAPPROVED
TEACHING EXPERIENCE OF THE TEACHER**

1. Applicant's Information						
Name		:				
Address		:				
Contact No.		:				
e-mail id		:				
Date of Birth		:		Age :		
2. Present College / Institute/ Organization Informationa						
Name		:				
Address		:				
Contact No.		:				
e-mail id		:				
3. Present Designation of the applicant		:			Approved / Unapproved	
4. M.C.L.M. Registration		:		Number	Date	
			U.G.			
			P.G.			
5. Educational Qualification (Degree/ Diploma/ Ph.D. etc.) :						
	Degree/ Diploma/ Ph.D. etc.	Name of the University	Year of Passing	Whether Recognized by Central Council		
6. Details of Unapproved Teaching Experience for Validation						
Sr. no.	Experience		Documents submitted		Name of the College	University approval details (if any)
	From	To	Experience Certificate issued by Dean/Principal	ITR & Form 16		
Date	:					
Place	:					Signature of Applicant

Note:- Submit the proposal alongwith self-attested copies of following documents in respect of concerned period in the same order as mentioned.

- Experience Certificate issued by Dean/Principal.
- ITR & Form 16 of the concerned period.
- Affidavit in prescribed format.

**FORMAT OF APPLICATION FOR RECOGNITION AS POST – GRADUATE TEACHER
FOR HEALTH SCIENCE COURSE**

Faculty:		Speciality:	
1. Applicants' Information			
Name	:		
Address	:		
Aadhar Card No.	:		
Contact No.	:		
e-mail id	:		
Date of Birth	:	Age :Yrs
Date of Retirement	:		
2. Teacher Code issued by Central Council (if any)			
:			
3. Central Council Registration			
:	:	Number	Date
U.G.			
P.G.			
Super Speciality			
4. State Council Registration			
:	:	Number	Date
U.G.			
P.G.			
Super Speciality			
5. Information of Present College / Institute			
Name of College / Institute	:		
Address	:		
Contact No.	:		
e-mail id	:		
6. Present Designation of the applicant			
:			
7. Nature of appointment (Full Time / Contractual)			
:			
8. Designation for which the applicant desired to be recognized			
:			
9. The Subject/ Specialty for which the applicant desired to be recognized			
:			

10.	Particulars of the subjects (Super Specialty/ PG Degree) in which applicant is already recognized as a PG teacher of any University or MUHS and date of recognition. (if recognized, enclose self-attested photocopy of the letter)	:		
11. Educational Qualification (Super Specialty/ PG Degree/ DNB/Diploma/ Ph.D. etc.):				
Super Specialty/ PG Degree/ DNB/Diploma/ Ph.D. etc.		Name of the University	Year of Passing	Whether Recognized by Central Council
12. Details of allied work done				
Sr. No.	Allied work done	Total Number	Name / as first author at least name 02 in Indexed Journal.	
1	Books published			
2	Research Publication			
3	Articles reviewed			
4	Worked as a Ph. D. guide			
13.	Number & details of publications published in National / International Indexed Journal as first / second author in Indexed Journal. (as applicable vide Central Council norms)	:		
14.	Teacher's Participation in Research Methodology workshop vide University Circular no.14/2011 dated 23/06/2011.	:	Date : From To At	

15. Approved Teaching Experience:						
Subject	Designation	Experience (dd/mm/yyyy)		Total Period	Name of College / Institute	
		From	To			
<p align="center">I hereby declared that the above information is true and correct to the best of my knowledge.</p> <p>Place:</p> <p>Date:</p> <p align="right">Signature of the Applicant</p> <p align="center">(To be submitted through, the Head of the Department and Institute.)</p>						
<p>Signature of the Head of the Department of the Subject in the College / Institute</p> <p>Date:</p>				<p>Signature of the Dean / Principal</p> <p>Date:</p>		
Stamp of the College / Institution						
Date	:					
Place	:					Signature of Applicant

Note:- To be Submitted along with self-attested copies of following documents in respect of concerned period in the same order as mentioned.

1.	Experience Certificate issued by Dean / Principal.	
2.	Appointment Order & Joining Report	
3.	University approval letter for UG course / validation letter.	
4.	Certificate of Participation in Research Methodology workshop vide University Circular no.14/2011 dated 23/06/2011.	
5.	Letter regarding Teacher Code / Registration issued by Central Council (if applicable)	
6.	Publications (if applicable)	

Note: - The Dean / Principal is to ensure that the proposal completed in all respects are only to be forwarded to the University.

टिप :- अधिष्ठाता / प्राचार्य यांना विदीत करण्यात येते की, सदर पदव्युत्तर शिक्षक मान्यतेसाठीचे प्रस्ताव परिपुर्ण असल्याची खात्री झाल्यावरच विद्यापीठाकडे वर्ग करण्यात यावेत.