

URGENT

INDIRA GANDHI MEDICAL COLLEGE,

Shimla-171001.

No. HFW(MC-II)B(12)AMRU/2020-2021-

Dated:

To

The Professor & Head,
Department of _____
IGMC, Shimla.

Subject: Regarding recognition of UG/PG Teachers as per NMC.

Please find enclosed herewith a copy of letter No. AMRU/Estt/2-31/2021-Acad-7323-28 dated 26.08.2021 along with its enclosures received from the Registrar, Atal Medical & Research University, H.P. on the subject cited above.

In this context, you are requested to circulate the "Faculty Declaration Form" to all the faculty members (UG/PG) teachers working under your control and direct them to deposit their separate registration fee for UG and PG teachers Rs. 1000/- (Rupees One Thousand) each for UG & PG in the current A/C No. 045105001482 IFSC Code ICIC0000451 in favour of Finance Officer, Atal Medical and Research University, Himachal Pradesh through demand draft or by Bank transfer NEFT immediately under intimation to this office.


Principal

Indira Gandhi Medical College
Shimla.

Dated: 3-9-21

Endst. No. As above/-
Copy forwarded to:-

17316

1. The Registrar, Atal Medical and Research University, H.P. (SLBS Govt. Medical College & Hospital Campus, Ner Chowk, Mandi (H.P.) for information w.r.t his letter referred to above.
2. Sh. Bhupesh Baniyal, Incharge Website, IGMC, Shimla along with a copy of "Faculty Declaration Form" to download the same in the College website immediately.


Principal

Indira Gandhi Medical College
Shimla.

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119124

Atal Medical & Research University, H.P.

(A State University)
SI BS Govt. Medical College & Hospital Campus, Ner Chowk, Mandi, H.P.)
Email: amru@amru.ac.in Phone No: 01904 247062 Fax: 247064

No. AMRU/1402/2021/Admission/321/2021

Dated 26.08.2021

The Principals
All the Govt. Medical Colleges of H.P. affiliated with AMRU

Subject: Regarding recognition of UG and PG Teachers as per NMC.

Sir/Madam:

As per the request of NMC all the medical colleges affiliated with Atal Medical & Research University, HP are requested to apply for recognition as UG PG teachers as per attached Faculty Declaration Form. There will be separate registration for UG and PG teachers. Fee for the registration is ₹1000 (Rupees One Thousand Only) and recognition will be valid for five years.

Therefore, you are directed to circulate the enclosed Faculty Declaration Form to all the UG PG teachers for your college.

The registration fee can be deposited either by Demand Draft in Favour of Finance Officer, Atal Medical and Research University, H.P. or by Bank transfer NEFT in the following university account:

Bank Name	ICICI Bank
A/C Type	Current Account
Name	M/S ATAL MEDICAL AND RESEARCH UNIVERSITY HIMACHAL PRADESH
Account No.	625105001482
IFSC Code	ICIC0000148
Branch	Mandi, Opposite Indira Market Seti Bazar, Mandi

Your decision in the matter is solicited.

gent
let's file
pick up
Sh BS Negi to discuss
18/2

Received on 1.9/2021
Relochi

(Mr. Amar Negi, HPAS)
Registrar

Faculty Declaration Form

Name of the College: _____

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 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/MC 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 Principal

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 are to be furnished for them to be accepted. Strike out whichever section is not applicable.

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

14. 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

15. PAN Card Number:

16. Aadhar card Number:

17. Number of Research articles in Indexed Journals:

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

18. 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 declare that I have provided all details with regard to my work and teaching experience and
no information has been concealed by me.
3. 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.
4. I do hereby declare that I shall remain readily available for any duty assigned to me by Atal
Medical & Research University (Like Inspection, Examination etc.)

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. 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