Duly filled in form to be sent to Registrar, MGMIHS, Navi Mumbai, through the proper channel

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)
Grade 'A' Accredited by NAAC
Sector-1, Kamothe, Navi Mumbai - 410209
Tel. No. 022-27432471, 022-27432994, Fax No. 022 - 27431094
E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Application for Recognition as U.G. Teacher

APPLICATION FOR APPROVAL FOR THE POST OF ----------
(Should be submitted only through HOD & Head of the Institution)

DEPARTMENT: ---------- DATE OF JOINING: ----------

Dr. ----------

Cell ---------- Email: ----------

PERSONAL DETAILS

Date of Birth: ----------

Place of Birth: ----------

Nationality: ----------

Caste/Sub caste: ----------

Open/SC/ST/OBC/NT/VJ: ----------

Father's Name: ----------

Mother's Name: ----------

Languages Known: ----------

Phone No. – Land Line ---------- Mob.No. ----------

Pan No. : ----------

Address for Correspondence:

Present address	Permanent address

ACADEMIC AND PROFESSIONAL EXPERIENCE

EDUCATION

Exam Passed	Year	School/College	Board/University	MMC Registration	Name of the Council
X				------	
XII				------	
MBBS					
MD/MS ( )					
DM/M.Ch. ( )					

PROFESSIONAL EXPERIENCES

Sr. No.	Post Held	From	To	Total	College/Institution passed	University	Appointment Approved by Univ. or not If yes, quote No.
1.							
2.							
3.							
4.							
5.							

PROFESSIONAL MEMBERSHIPS

1. ----------

2. ----------

RESEARCH EXPERIENCE

A.MD Thesis Topic

B.Workshop/CME attended (1 Year)

Sr. No.	Name of the Faculty	Particulars	Participated	Date/Month

C.Papers presented at National/International Conferences

National / International / State level Conference / Workshop attend by the teaching of the College						
Sr. No.	Name & Designation	Name of Organizer & Place	Type of participation	Paper Presented / poster presentation / honors if any speaker etc	Topic	Month & year

D.Publications/submitted for publication (under review)

Sr. No.	Name & Designation	Title of paper	Name of Journal, Vol No., and Page no.

E.Attended Scientific Meetings/Conferences/Seminars

F. Guest lecturers/Training fellowship attended

G. Any others

I hereby declare that the above written particulars are true to the best of my knowledge and belief.

(Dr. ----------)

(Submitted through Head of the Department)

The Work Load of the department:

The Work load of the Teacher applied for approval:

Performance of the staff member: Satisfactory/Not satisfactory

Sign of Head of the Department

OFFICE USE ONLY
(INSTITUTION WISE)

Name of the staff member: ----------

Total Experience: ----------

Post applied for: ---------- Whether eligible for the post: Yes/No

Date of Joining: ----------

Staff position in the department:

Dept. ----------	Sanctioned capacity	Existing staff members	Deficiency	Excess
Professor				
Associate Professor				
Assist.Prof. / Lecturer				
Tutor				

- Give justification if the number is in excess

Recommended / Not Recommended

Head of the Institution