

Maharashtra University of Health Sciences, Nashik

Mhasrul, Dindori Road, Nashik - 422 004

APPLICATION FOR RECOGNITION AS POST-GRADUATE TEACHER FOR HEALTH SCIENCE COURSES

Faculty : Speciality.....

Duly attested by
the Dean of the
respective College

1. Applicant's Information :

Name (in Capital) :

Dr. / Vd.

(Surname Name Middle Name)

Residential Address

Residential Ph. No./Mobile No.

Date of Birth Age Date of Retirement

E-mail ID

Date of joining the College / Institute

2. College/Institute Information :

Name and address of the College/ Institute :

Phone No. with Extension (if any) Fax No.

Email ID

3. State Council/Central Council Registration details (as applicable):

U. G. dated P. G. dated

DNB : dated Super Specialty : dated

4. Present designation of the applicant:

whether appointment is approved by the University : Yes / No
(if approved, enclose photocopy of the approval letter)

Designation approved by University (if applicable):

5. Nature of appointment (Full Time / Contractual) :

(Please enclosed certified photocopy of appointment order)

6. The subject (Super Specialty /PG Degree) for which the applicant desired to be recognised

7. Particulars of the subjects (Super Specialty /PG Degree) in which applicant is already recognised as a Post Graduate teacher of any University or MUHS and date of recognition. (If recognized, enclosed a certified photocopy of the Recognition).

8. Education qualification : (Super Specialty/PG Degree / DNB /Diploma / Ph.D. etc.)

Qualification	Name of the College	Name of the University	Year of Passing	Class Obtained	Whether the Degree is recognised

9. Title of thesis / Dissertation or published work for which the Master's Degree was / were awarded

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10. 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		

11. In case of DNB Qualified Teachers only:

Number & details of publications published in National Indexed Journal after DNB qualification. (As first author in Indexed Journal. Please submit at least one article.)

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12. Confirm Teacher has participated in Research Methodology Workshop : Yes / No (Please enclosed relevant certificate)

13. Teaching Experience :

Subject	Designation	Period of Experience (DD/MM/YYYY)			Name of College / Institute
		From	To	Total period	

14. Complete statement of the actual teaching work at the present being done.

Periods of Lectures per week of duration classes
 Periods of Seminars per week of duration classes
 Periods of Tutorials per week of duration classes
 Periods of Laboratory per week of duration classes

15. The exact position of the applicant in the teaching staff.
(Give the name of the Head of the Department & names of the other teacher in the department in order of seniority and provide information whether they are recognised.)

Sr. No.	Name of the Teacher	Designation	Whether the teacher is Recognised by the University

I hereby declared that the information given in the application is related to me & is true and correct.

Place :

Date : / /

Signature of the Applicant

(To be submitted through, the Head of the Department and Institute.)

Signature of the Head of the Department of
the Subject in the College / Institute

Date : / /

Signature of the Dean / Principal

Date : / /

Stamp of the College / Institution

Note : Submit the proposal alongwith attested copies of following certificates in the same order as mentioned :

Attested copies of certificates required for PG Recognition : (Tick ✓ the documents attached)

Sr. No.	Certificate	Yes	No
1	Postgraduate teacher recognition application (original)		
2	Photocopy of date of birth certificate		
3	Change of Name Certificate. (if applicable)		
4	Photocopy of UG /PG /Super Specialty / DNB / Ph.D. degree certificate		
5	In case of DNB qualified teachers provide following information with documents i) DNB qualification acquired from which College / Institute. ii) Publications as mentioned in Para No. 11.		
6	Photocopy of registration certificates of qualification with State Council/Central Council		
7	Teaching experience certificate signed by the Dean / Principal. (original) Submit certificate preferably subjectwise & designationwise		
8	Photocopy of appointment order & joining report.		
9	Photocopy of approval letter of Conventional University / MUHS (if applicable).		
10	PG Recognition letter of conventional University/MUHS (if any)		
11	Certificate stating participation of Teacher in Research Methodology Workshop		
12	Publications		

Note : The Dean is to ensure that the proposal completed in all respects are only to be forwarded to the University. If otherwise it will be returned back to the College.

टिप : अधिष्ठाता यांना विदीत करण्यात येते की, सदर पदव्युत्तर शिक्षक मान्यतेसाठीचे प्रस्ताव परिपूर्ण असल्याची खात्री झाल्यावरच विद्यापीठाकडे वर्ग करण्यात यावेत. विद्यापीठास प्राप्त झालेले अपूर्ण प्रस्ताव पुनःश्च संबंधित महाविद्यालयाकडे पाठविण्यात येतील.

Signature of Dispatch Clerk