

**PROFORMA FOR APPLICATION FOR DESIGNATED TEACHING FACULTY**  
**(Assistant professor/ Associate Professor/ Professor)**

1. Name of the Candidate: \_\_\_\_\_
2. Employee ID: \_\_\_\_\_
3. Date of Birth & Age (in years): \_\_\_\_\_
4. Current Cadre: Specialist/ GDMO: \_\_\_\_\_ -
5. Current Designation: \_\_\_\_\_
6. Current Posting Location: \_\_\_\_\_
7. Address: \_\_\_\_\_
8. Mobile No.: \_\_\_\_\_
9. Email ID: \_\_\_\_\_
10. Application for the post of: Assistant Professor/ Associate Professor/ Professor/ \_\_\_\_\_
11. Subject/ Speciality for which applying: \_\_\_\_\_

**A. Qualification Details for candidates with MD/MS**

	Name of Medical College/Institution/ Hospital & University	Name of the Speciality	Year of passing the examination	Registration Details (Registration Number, Registering Medical Council, Validity of Certificate)	Details of Senior Residency (Name of the Institute, whether Teaching / Non-Teaching Institute, duration with start and end date)	Details of experience of Assistant Professor (Name of the Institute, duration with start and end date)	Year of Experience of working in the concerned department in a 220 and above bedded hospital and the details (If possessing Post graduate qualification)
MBBS							
MD/MS							
Any additional Qualification							

**B. Qualification Details for candidates with DNB:**

	Name of Medical College/ Institution/ Hospital & University	Whether teaching / Non-Teaching institute/ Medical College/ PGIMS	Number of Beds (Total )	Name of the Specialty	Year of passing the examination	Registration Details (Registration Number, Registering Medical Council, Validity of Certificate)	Details of Senior Residency (Name of the Institute, whether Teaching/ Non-Teaching Institute, duration with start and end date)
MBBS							
DNB							
Any additional qualification							

**C. For Non- Medical Candidates:**

Qualification	Name of the Specialty	Name of the Medical College & University	Year of Passing	Registration No. with date of Admission	Whether registered with Medical Council. If yes, complete details
M.Sc. (Medical)					
Ph.D. (Medical)					

**D. Details of Research papers:**

S. No.	Total Number of Research Papers	Total Number of Research Papers as Associate Professor	Details of Research Papers Total Number of Research Papers (only original papers, metaanalysis, systematic reviews, and case series that are published in journals indexed in Medline, PubMed, Central Science Citation Index, Science Citation Index, Expanded Embase, Scopus, Directory of Open Access Journals (DoAJ) will be considered)  (Please attach supporting document)				
1.			Title of Papers	Original papers/ metaanalysis/ Systematic reviews /case series	Name of Journal with index name and ISSN No.	Whether published as First Author/ Corresponding Author/ Other	Referencing in Vancouver style (List all authors)
2.							
3.							

4.							
5.							
6.							
7.							

**E. Details of Training Course from Institutions designated by NMC**

S.No.	Name of the course	Yes/ No	If Yes, Name of the centre with year of completion of course
1.	Certificate of Basic Course in Medical Education Technology		
2.	Certificate of Basic Course in Bio-Medical Research		

**F. Details of teaching experience, if any: -**

- Whether already working as Designated Faculty, if yes details thereof (in years with designation)
- Total Teaching Experience as teaching faculty (other than Designated faculty), if any (in years with designation)

Position	Name of College/ Hospital/ Institution	Name of the University	Number of Beds	Teaching/ Non-Teaching	Recognized/ Not Recognized/ LOP( by NMC/ MCI)	From	To	Duration of teaching Experience in years and months
Post PG experience (in years) in same speciality (subject of specialist qualification)/ Senior Residency details								

Tutor/ Demonstrator/ others								
Assistant Professor								
Associate Professor								
Professor								
Any Other ( Please Specify)								

**G. Willingness of the candidates for appointment as Designated Teaching Faculty:**

Willingness to be appointed as Designated faculty (In the newly proposed ESIC Medical Colleges) (Write Yes or No)		
Write if eligible for the post of Assistant Professor/ Associate Professor/ Professor.		
The Willingness for Posting in order of preference is as below:		
S.No.	Name/ Location of the ESIC Medical College	Preference
1	Andheri	
2	Beltola	
3	Indore	
4	Jaipur	
5	Ludhiana	
6	Naroda- Bapunagar	
7	Noida	
8	Ranchi	
9	Varanasi	
10.	Basaidarapur	

**H.** Whether recognized as Medical Teacher by MCI/ NMC? Yes/ No (If Yes, Provide details)

S. No.	Position held	Subject	Designation	Date of Recognition	Recognized by NMC/ MCI

**I. DECLARATION:**

I, Dr.\_\_\_\_\_ working at \_\_\_\_\_ hereby declare that contents of this application by the undersigned are absolutely true and correct and nothing has been concealed. In the event of any statement made in this application subsequently found false at any stage, my candidature shall be cancelled by Competent Authority of ESIC.

I understand that submission of this application does not confer me any right to be appointed as Designated faculty in ESIC Medical College. I also understand that I may be appointed and transferred to any of the ESIC Medical Colleges/ other ESIC Hospitals as per the functional & administrative requirement of ESIC.

I further declare that I have read the Teachers Eligibility Qualifications (TEQ) in Medical Institutions Regulations, 2022 or latest TEQ document and further amendments carefully and I am eligible for designation to the post of ..... (Assistant Professor/ Associate Professor/ Professor) as per the criteria.

(Signature of the Candidate)

Name:

Designation:

Employee ID:

Date:

Place:

It is certified that the content of above declarations and facts as stated above by Dr.\_\_\_\_\_ (Name and Designation), Employee ID\_\_\_\_\_ posted in the Department of \_\_\_\_\_ at \_\_\_\_\_ (Name of The Location) have been checked and verified from the service record/ service card of Dr.\_\_\_\_\_ and found correct.

I further declare that Dr. \_\_\_\_\_ (Name and Designation) is eligible to be designated as ..... (Assistant Professor/ Associate Professor/ Professor) and his application is recommended and forwarded by me.

(Countersigned by the Dean/Medical Superintendent/ DMD/DMN/ Regional Director)

Name and Stamp:  
Designation:

Date and Place:

**J. CHECKLIST OF DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION FORM:**

1. Copy of MBBS / BDS Degree from Recognised University.
2. Copy of MD/MS/DNB Degree from Recognised University.
3. Certificate / Degree of Passing Non-Medical Qualification from Recognised University.
4. Registration Certificate from State/ National Medical Council with highest qualification mentioned.
5. Documentary proof of Senior Residency from concerned Teaching institute clearly mentioning the subject, designation and duration.
6. Documentary Proof of Post-PG Experience in concerned specialty clearly mentioning the subject, designation and duration.
7. Documentary proof of Teaching experience in concerned specialty (regular/ designated faculty) clearly mentioning the subject, designation and duration.
8. Certificate of recognition as Medical Teacher by MCI/ NMC (if any)
9. List of all publications in Vancouver style of Referencing with documentary proof with name of all authors (attach all duly self-attested publications)
10. Documentary proof of Completing the basic course in Medical Education Technology from institute designated by NMC.
11. Documentary proof of Completing the basic course in Biomedical Research from institute designated by NMC.
12. Duly notarized Affidavit on stamp paper of Rupees 100 for willingness for designated teaching faculty.
13. Excel sheet duly filled and duly signed pdf. copy of Excel(**BOTH**)of attached proforma for seeking information from Specialist/ GDMOs with PG Qualifications.
14. Any other documents.