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(Version 06/2024)

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

Accredited by NAAC with 'A++' Grade

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Application for Recognition of UG/PG Teacher

A] U. G. Teacher

B] P.G. Teacher

(Please Tick (✓) Appropriate option. Both options may be ticked, if needed)

1. Name of Teacher Dr./ Mr./ Ms. _____

Name of College: _____

Date of Joining Institute: _____

Current Designation: _____ Current Department: _____

Date of appointment to Current Designation: _____

Email ID: _____ Mobile No.: _____

2. Date of Birth :(DD/MM/YY) _____ Age: _____

3. Registration Number and Date MCI / MMC / State Medical Council / INC/ MNC/ State OTPT
Council / State Paramedical Council / RCI / Others.

U.G. _____ P.G. _____

Superspeciality _____ Ph.D. _____

4. Level of Educational qualifications: (UG / PG Diploma / PG / Super specialty / Ph. D./ Fellowship /
Other)

| Level | Title of Qualification | Name of Board / University | Year of Passing* |
|-------|------------------------|----------------------------|------------------|
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*(For Internship associated programs, mention the year of Internship Completion as year of Passing.)

5. Teaching Experience (Post PG):

| Sr. No | Designation | Name of College/ Institute | Period | | Total Teaching Experience |
|--------|-------------|----------------------------|--------|----|---------------------------|
| | | | From | To | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

6. Name of PG Speciality for which PG teacher recognition is sought: _____

- If the PG qualifying degree is different than the speciality for which PG Teacher recognition is required, kindly mention the regulatory council norm which you have fulfilled to consider such request (Attach relevant document).

7. a) If already approved UG teacher from previous/current University. Yes/No: _____

b) If already approved PG teacher from previous/current University. Yes/No: _____

If Yes Details: _____

I hereby declare that the information given in the application as it relates to me is true and correct.

Place:

Date:

Signature of the Applicant

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

The above faculty has fulfilled all criteria / Norms of respective Statutory Council to become UG/PG teacher.

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

Signature of the Dean / Principal
& Stamp of the College / Institution

ANNEXURE:

- 1) Degree certificate UG & PG
- 2) Regulatory body Registration certificate UG & PG
- 3) Valid continuation of registration certificate with respective Council
- 4) Appointment Order/ Joining Letter
- 5) Previous UG Teacher recognition letter (faculty who were working in other institute)
- 6) Previous PG Teacher recognition letter (faculty who were working in other institute)
- 7) Name change Gazette copy (if applicable)
- 8) Relevant document if point No.06 is applicable.