APPLICATION FOR APPROVAL AS A UG TEACHER OF THE MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FOR THE MEDICAL DEGREES

1. Applicant Name in full (Shri/Smt/Kum):_____

_____

(Beginning with surname)   _____

_____

_____Tel No._____

Abbrevinteed name of the college/Institution_____Tel No.07232-242456 Ext.No._____

Date of Retirement   :_____

2. The exact position of the applicant on the teaching staff of the institution and name of the department in which he/she is working and Whether his/her appointment is approved by the University (enclosed Certified true copy of the approval letter) and showing its relation to the staff generally.

_____

3. Subject and the degree of diploma in respect of which the applicant desire to be cecognized.

_____

4. Particulars of University degree, diploma in respect of which the applicant. (enclosed certified copies of post raduate degree & diploma certificates)

_____

Degree/Diploma

Name of University	Degree	Subject	Class obtained	Month & Year of Passing	By Papers or By Research

5. A complete statement of the actual teaching work (Post Graduate and under Graduate) which the applicant is now doing including the number of lectures delivered by him/her or number of hours delayed by him/her to teaching in a week

Period of undergraduate lecture per week, if any

Period of Postgraduate lectures per week, if any

6. Total teaching experience in years specifying the period, the subjects and the classes taught	University	Subject	Years	
			From	to
Degree i.e. Ist MBBS				
2nd MBBS				
3rd MBBS				
Post Graduate Degree/Diploma(if any)				

7. Total experience in Years of teaching to Degree classes the subject for which the recoanization is sought	Subject	Class	Years	College	University
experience in Years of teaching to Degree classes the subject for which the recoanization is sought after obtaining the Post Graduate degree in the subject					

8. The details of the posts held (viz) Registrar/Tutor/Lecturer/Reader/Asstt. Hon.Prof.etc.)

(Enclosed certified copies of posts held certificates)

1. Designation with Subject

ii) Name of the teacher Under whom the post held

iii) Whether the Hospital/College in which the post held is recognized as a teaching post

iv) Duration of the post from
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to------------ ----------------

Submitted through the

Date:

Signature of the applicant

(Signature of the Head of the Department through)
Whom the application is submitted

Certificate

Certified the particulars information furnished by
Here in above are correct

Date:

Signature of the Dean