

PT. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCE, ROHTAK

College Teacher's Return

Name of the Candidate: _____

Father's Name : _____

Date of Birth & Age : _____

A. For MD/MS/DM/M.Ch candidates

Qualification	Name of the Medical College & Univ. * and Name of Hospital (for DNB course)*	Year of passing	Registration No.	Name of the State Medical Council
MBBS				
MD/MS				
DM/M.Ch.				
DNB (for DNB candidate)				
M.Sc. (_____) Ph.D. (_____) (for Non Medical Candidate)				
Any other Distinction				

***Mandatory**

Note: For PG-Post PG qualification addition registration certificate particular be furnished and subject be furnished with brackets after scoring out whichever is not applicable.

Copies of all Registration Certificate attached.

Permanent Residential Address: _____

Present Designation: _____

Date of appointment: _____

Department: _____

College: _____

Scale of pay & Total pay drawn : _____

Nature of appointment: Permanent/Temporary/Adhoc/Honorary/Part-time

Date of joining present institution: _____ as _____

Details of the previous appointments/Teaching experience: -

Position	Name of Institution	From	To	Total Experience in Year
Post DNB research experience, if any				
Tutor/Demonstrator/Registrar/Sr. Resident				
Assistant Professor				
Associate Professor				
Professor				

Details of the Research publication in indexed/national journals:-

Sr. No.	Topic	First Author/ corresponding Author	Name of indexed/national journals with ISSN No.	Indexed in which index	If accepted date of acceptance*	If published, date of publication*

*Mandatory with documentary evidence

I declare that I have not been disqualified by the University for appointment as a teacher in an affiliated college and that I have obtained a relieving chit from my previous employers.

It is also declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his/her name from Indian Medical Register).

Date:

(Signature of the Candidate)

Place:

Mob. No.

Endorsement

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the above mentioned declaration as true and correct, in the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible beside the declarant himself/herself for any such misdeclaration or misstatement.

Signature: _____
Head of the Deptt.

Countersigned by the Director/Dean/Principal