



Dr. Ram Manohar Lohia Institute of Medical Sciences
Vibhuti Khand, Gomti Nagar, Lucknow

DECLARATION FORM: For Recognition as UG / PG Teacher
FACULTY (Medical)

Applying for Recognition as UG Teacher / PG Teacher (Tick as Applicable)

1. Name of the Institution **Dr. Ram Manohar Lohia Institute of Medical Sciences**

2. Name

3. Fathers /Husband name:

4. Date of Birth: D D M M Y Y Y Y

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5. Designation: (Tick) Lect. ☐ Assist Prof. ☐ Assoc. Prof. ☐ Addl. Prof. ☐ Prof. ☐

6. Department:

7. Date of Joining present Institution

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8. Category GEN ☐ OBC ☐ SC ☐ ST ☐ PH ☐ Ex Serviceman ☐

9. Residential Address:

City

PIN

STATE

Permanent Address:

City

PIN

STATE

10. Telephone Number: Resident: Number

11. Telephone number: Office: STD No

12. Mobile number.

13. Email Address

14. Professional Qualification

Sl. No.	Name of Degree	Subject	Date of qualifying	MCI/State Council Registration no	Institution from where passes	University
1	MBBS					
2	MD/MS					
3	DM/MCh					

15. Any Other degree/ Fellowship: (Name, Year, Institution);

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16. Medical Education Training Courses: **Basic** Yes/No **Advanced** Yes/No

17. Previous appointments

S No	Designation	Date of Joining	Date of relieving	Period	Name of Institution
1	Junior Resident				
2	Senior Resident				
3	Assistant Professor				
4	Associate. professor				
5	Professor 1				
6	Professor 2				

18. Enclosures: (Self attested)

S. No	Documents	Submitted
1	Proof of Date of Birth	Yes / No
2.	Proof of experience certificate for all teaching appointments held before joining present institution	Yes / No
3.	Publications in case of faculty getting eligible to be PG Teacher after 7 th June 2017	Yes / No

Note: These minimum documents must be attached for screening by the Verification Committee and for documentation and records under Institute Under State Legislature Act. Matriculation certificate to be attached for proof of age.

Declaration of Faculty

- I. I, Dr. _____ of the Department of _____ at **Dr. Ram Manohar Lohia Institute of Medical Sciences, Vibhuti Khand Gomti Nagar Lucknow** do hereby give an undertaking that I am continuously working as a full time teacher at the institute.
- II. My experience are from MCI recognized Institutions

Date:

Place:

SIGNATURE OF THE FACULTY

ENDORSEMENT

This endorsement is the certification that the undersigned has satisfied him /her about the correctness and veracity of each content of this declaration. .

The experience certificate and Publications (in those eligible after 7th June 2017) are verified and meet MCI Requirement eligibility of UG Teacher and PG Teacher /PG Guide.

Date

Countersigned & Seal of the Head of the Department

Date

Countersigned Chairman Verification Committee

Director