



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

RGU/AUTH/ANNUAL RETURN/ 061/2016-17

25.01.2017

FINAL REMINDER

SUB: Updation of College official website reg.

(1)MCI Letter No. RGU/AUTH/ANNUAL RETURN/061/2016-17 Date: 03.08.2016

(2) Item No. 2(5), 123rd meeting of the Syndicate held on 04.11.2016

In pursuance to the Ref No:1 cited above you are hereby directed to host the particulars of -

- (c) All the faculty members including designation/promotion/transfer/ resignation/ joining; and
- (d) census of clinical material, patient admission, discharge, deaths, surgeries, procedures and investigation carried out in each department, wherever applicable;

Update the college official website first week of every month detailing the infrastructure and faculty position, changes if any and submit the compliance, both in hard and soft copy, **within 2nd week of every month**, to the undersigned.

By Order

REGISTRAR

WJ

To

The Principal of all the affiliated colleges of RGUHS.

Copy to:

6. The Secretary to Governor, Raj Bhavan, Bangalore – 560 001
7. The Principal Secretary to Government, Dept. of Health & Family Welfare, Medical Education, Vikasa Soudha, Bangalore – 560 001
8. PA to Vice-Chancellor/ Registrar/Registrar(Eva), RGUHS, Bangalore
9. RGUHS Home page – www.rguhs.ac.in
10. Guard File / Office Copy



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

RGU/AUTH/ANNUAL RETURN/ 061/2016-17

Date: 25.01.2017

FINAL REMINDER

SUB: Annual Return for the year 2016-17 reg.

- (1) Order No. RGU/AUTH/ANNUAL RETURN/061/2016-17 Date: 03.08.2016
- (2) Item No. 2(5), 123rd meeting of the Syndicate held on 04.11.2016

In pursuance to the Ref No: 1 cited above you are hereby directed to submit the Annual Return for the year 2016-17, both in hard and soft copy, in the proform prescribed within fifteen days, to the undersigned, failing which the name of the defaulting college will be hosted on the University website underlining that the college is not having the staff as ordained.

By Order


REGISTRAR


To
The Principal of all the affiliated colleges of RGUHS.

Copy to:

6. The Secretary to Governor, Raj Bhavan, Bangalore – 560 001
7. The Principal Secretary to Government, Dept. of Health & Family Welfare, Medical Education, Vikasa Soudha, Bangalore – 560 001
8. PA to Vice-Chancellor/ Registrar/Registrar(Eva), RGUHS, Bangalore
9. RGUHS Home page – www.rguhs.ac.in
10. Guard File / Office Copy

NOTE: Proforma Prescribed, i.e. Annual Return of Faculty position, may be downloaded from the www.rguhs.ac.in

PROFORMA

(Notification No. RGU/AUTH/ANNUAL RETURN/ 061/2016-17 Date: 03.08.2016)
Annual Return of Faculty position for the year

- 1) Name of the Institution:
- 2) Year of Establishment:
- 3) GOK Orders Numbers:
- 4) Apex body approval for all the courses offered (Seats & Ref. No.):
- 5) RGUHS Affiliation Ref. No. & Date:
- 6) Courses offered:
- 7) Admission details of all the courses offered:

Consecutive three previous Years	Sanctioned intake	Categories of admission				Students Admitted	Approval status
		KEA	KRLM	Comed-K	AMPCK		

8) Faculty Position (Enter each department in separate sheets)

Sl. No	Name, email - ID and phone number	Qualification	Designation	Department	Status of Employment (Permanent/ Temporary)*	Teaching Experience*	Scale of Pay	Attach Form No. 16 and Bank Statement reflecting salary deposited
1								
2								
3								
4								
5								

Note: Form No. 16 and Bank Statement shall be duly attested by the Head of the Institution.

9) Faculty Promoted during the previous year, if any

Sl. No	Name, email - ID and phone number	Qualification	Department	Teaching Experience	Previous designation and pay scale	Present designation and Current Scale of Pay
1						
2						
3						
4						
5						

Note: Attach copy of promotion order duly attested by the Head of the Institution.

10) New Recruitment during the previous year, if any

Sl. No	Name, email - ID and phone number	Qualification	Department	Earlier teaching Experience	Scale of Pay	Designation	Status of Employment (Permanent/ Temporary)
1							
2							
3							
4							
5							

Note: Attach copy of appointment order and joining report duly attested by the Head of the Institution.

11. Faculty discharged from service during the previous year, if any

Sl. No	Name, email - ID and phone number	Qualification	Designation	Department	Date of discharge	Reasons for discharge
1						
2						
3						
4						
5						

Note: Attach copy of relieving order duly attested by the Head of the Institution.

12. Faculty position abstract

SN	Designation	Existing	Promoted	Newly recruited	Discharged
1	Professors				
2	Associate Professors				
3	Assistant Professors				
4	Senior Lecturers				
5	Lecturers				
6	Tutors				
7	Others Staff (Non teaching)				
8	Total				

Note: The Heads of the Institutions shall -

- 1) Submit the duly filled return in the above proform both in hard and soft copy on or before July 31st of every year.
- 2) Furnish the bank statement reflecting monthly salary, ESI, PF, Group insurance paid to each faculty member along with form No. 16 both in hard and soft copy.
- 3) Intimate the change in faculty positions if any, within 10 days, to the Registrar, RGUHS.
- 4) Submit Soft copy in PDF through official e-mail ID of the Head of the Institution for authenticity.

Non compliance of above instructions will attract disciplinary action and will not be considered for future affiliation inspections.

Note: For the year 2015-16 the above mentioned details shall be submitted on or before 10th November 2016.

DECLARATION

I, the undersigned, do hereby declare that I have verified the records maintained in the office in respect of the information above mentioned along with certificates/ documents submitted by the teacher with the original certificates/ documents and true to my knowledge, information and good belief. They are found correct and authentic.

Further, I vouch that this declaration if turns out to be either partly or wholly incorrect I shall be equally responsible besides the teacher concerned for any such mis-declaration or misstatement.

Date:

Place:

Countersigned by the

Director/Dean/Principal with official seal