**gÁfÃªïUÁA¢üDgÉÆÃUÀå «eÁÕ£ÀUÀ¼À «±Àé«zÁå®AiÀÄ, PÀ£ÁðlPÀ, ¨ÉAUÀ¼ÀÆgÀÄ**

**Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore**

4th T Block, Jayanagar, Bangalore – 560041

## Dr. Ramesh Ph: 080-26961903, 26961946, Fax: 26961931

**Registrar (Evaluation) Email:** [registrareva@rguhs.ac.in](mailto:registrareva@rguhs.ac.in)

RGUHS/R(E)/Ayu/UG/PG/Panel/2018 Date: 25.05.2018

**CIRCULAR**

To

The Principals of Ayurveda Colleges,

Affiliated to RGUHS

Sub: Updating the Panel of UG/PG Examiners for Ayurveda Faculty.

\*\*\*\*\*\*\*\*

Dear Sir/Madam,

With reference to above mentioned subject the University is completely revamping the existing UG and PG penal of examiners list. Hence you are here by inform to submit the list of all eligible teaching faculty members of both UG and PG including Research methodology and Statistics.

The principal should fill teachers data as per prescribed format, in your college letter head and it should be signed by the principal and forwarded to Registrar (Evaluation) within Two Weeks after receipt of this letter (hard copy should be submitted through speed post or courier service).

The same details may be entered in the excel sheet format and forward through given E-Mail ID’s [registrareva@rguhs.ac.in](mailto:registrareva@rguhs.ac.in), [drexamrguhs@gmail.com](mailto:drexamrguhs@gmail.com), dr2.exam@rguhs.ac.in.

Note:

1. The principal will be responsible for any false or incorrect information. In such instances disciplinary action will be taken as per RGUHS norms.
2. It is mandatory to mention Teachers Code issued by CCIM and Teachers must be approved by the CCIM.
3. The list of teachers data should mentioned as per departmental / subject wise seniority.

***Kindly treat this as most URGENT***

Your co-operation in this regard will be highly appreciated.

Thanking you,

Yours faithfully

Sd/-

(Dr.M.K. Ramesh)

Registrar (Evaluation)

**Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore**

4th T Block, Jayanagar, Bangalore – 560041

**Guidelines & Instructions for UG and PG Panel of Examiners.**

1. **A teacher must be recognized by the Central Council of Indian Medicine (CCIM) and compulsorily possess teachers code is only eligible for the appointment of examiner.**
2. **Mention the Teachers code issued by CCIM and is compulsory and also mention the TIN given by RGUHS (incase if already issued).**
3. **A teacher must be working for fulltime in the Institution & the teacher must be involved in the active teaching profession.**
4. **A teacher’s name should be shown only in one subject / one department.**
5. **Any teacher appointed after July 1989 should possess Post Graduation degree in Ayurveda as per CCIM.**
6. **Enclose Xerox copies of UG/PG Degree Certificate, Experience Certificate and Age proof.**
7. **Please upload /send the details of the teachers in excel sheet as per the format given.**
8. **The University approved Guide Ship letter should be enclosed along with other relevant documents for PG teachers.**
9. **Please avoid sending details of honorary teachers, part time teachers and teachers on contract.**
10. **Please use this format for sending the information subject–wise/department-wise according to RS4& RS5 (RS4 NS) BAMS Scheme.**
11. **Strictly avoid faculty above 65 years of age.**
12. **For the subject Research Methodology & Bio-statistics a teacher must possess MD (Ay) /MS (Ay) Qualifications, experience in research field with the above said qualification along with Ph.D. is desirable.**
13. **Mobile number and E-Mail ID are compulsorily to be provided.**
14. **Mention Present Designation.**
15. **Teachers having teaching experience of 5 years may be eligible for the examiner ship, however teachers completed 4½ years (4 years 6 months) and above may send the details.**
16. **Teachers of the departments 1. Kriya Shareera 2. Prasuti Tantra & StreeRoga 3.BalaRoga(Koumarabritya) 4.Moulika Siddhanta subjects like *Padartha Vignana Evam Ayurveda Itihasa, Astanga Hridaya evam Moulika Siddhanta, Charaka Samhita Purvarda evam Uttarardha and Sanskrit* having the teaching experience of *03* years may send the details.**
17. **The Head of Institution is asked to arrange a meeting of teachers and after explaining the guidelines teachers’ format may be filled.**
18. **Any false information’s given by Principal/Head of the Institution and Teacher will attract disciplinary action.**

**Format for the appointment of examiners (Theory and Practical) is prepared and enclosed.**

**Sd/-**

**Registrar (Evaluation)**

**RGUHS,BANGALORE**

**Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore**

4thT Block, Jayanagar, Bangalore – 560041

**FORMAT FOR FURNISHING DETAILS OF TEACHERS FOR APPOINTMENT OF EXAMINERS**

Name of the College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject/Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Tel Ph. No.: (With Code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal’s mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The list of teachers data should be mentioned as per department / subject wise seniority.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Name and Designation | Phone No. Mobile No. Fax No. Email | Age and Date of Birth | Year of Passing (Please mention your Degree and PG Specialty) | | Total Teaching Experience | | Teachers Code Issued by CCIM | Present Teaching Subject | Respective State Registration No. | Signature of Teacher |
|  |  |  |  | UG | PG | UG | PG |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Certification by the principal:**

Certified that the information furnished above are true to the best of my knowledge and are according to the records maintained in our college.

**Signature of the Dean / Principal with Seal**

**Note:**

1. Enclose Xerox copies of all relevant documents attested by the principal.
2. **Please use this format for sending the information subject–wise/department-wise according to RS4 BAMS Scheme.**
3. **Mobile number and E-Mail ID are compulsorily to be provided.**
4. Teachers having teaching experience of 4 years and above may send the details.