



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು  
Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore

4th T Block, Jayanagar, Bangalore – 560 041

Reg (Eva)/Updation/UG &PG/Physiotherapy Panel/2023-2024 Date: 20.03.2023

To,  
**The Principals**  
**All Physiotherapy Colleges**  
**Affiliated to RGUHS**

**Subject:** Instruction regarding Updating the examiners panel of UG &PG Physiotherapy, March-2023, and digital valuation regarding.

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Sir/Madam,

With reference to above mentioned subject, the university is completely revamping the existing panel of examiners. Hence you are hereby informed to submit the list of all eligible teaching faculty members of your institution.

The Principal should fill teachers data as per prescribed format, in your college letter head and it should be signed by the Principal and forward 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: [preexampt@gmail.com](mailto:preexampt@gmail.com).

**Note:**

1. The Principal's will be responsible for any false or incorrect information. In such instances disciplinary action will be taken as per RGUHS Norms
2. All relevant documents with self attested copy should be enclosed
3. Teachers **email id** & **Mobil Number** is mandatory.
4. The Principal's shell be responsible for digital valuation of theory Answer Script's by eligible teacher's, the delay in theory Answer Script valuation will be viewed seriously and action will be initiated as per RGUHS norms, the co-operation Principal's in smooth conduct of exam digital valuation & announcement of result is solicited.

**KINDLY TREAT THIS AS MOST URGENT**

Thanking you,

By Order,

Registrar (Evaluation)

**Dr. N. Ramakrishna Reddy**

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# Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block, Javanagar, Bangalore - 560 041.

## FORMAT FOR FURNISHING DETAILS OF (PHYSIOTHERAPY) TEACHERS FOR APPOINTMENT AS EXAMINER FOR UG & PG

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

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

College Tel Ph. No: (With Code) \_\_\_\_\_ Fax: \_\_\_\_\_

Sl. No.	Name & Designation & Tin No	Age & Date of Birth	Year of Passing (Please mention your Degree)		Total Teaching Experience		Mobile No & Email Id	Year of Recognition as PG Guide (Enclose Letter)	Teaching Subject	Signature of Teacher	Remarks
			UG	PG	UG	PG					
1.											
2.											

\* Certified that the information furnished above are true according to the records maintained in our institution.

### Note:

1. Mobile and Email ID are to be provided compulsorily
2. Mention present designation
3. In the remarks column kindly fill in either no change/ promoted/joined/resigned/retired/expired with the dated whichever is applicable
4. Term: Once in six months mandatory
5. Dean/Principal should compulsorily attest for the authenticity of the above mentioned teachers.

**Signature of the Dean / Principal With seal**