



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

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

ACA/DCD/Gen-PG guide proforma/413/2020-21.

Date: 22/12/2020

CIRCULAR

General Instruction for Applying for Recognition / Change of Guide / Change of college/Change of Designation for Post Graduate Teacher (Guide)

With reference to the above subject, it is instructed to Principals / Head of the institutions/ Teachers to strictly adhere to all the instructions enclosed here with and must apply in specified proforma for Recognition / Change of Guide / Change of college / Change of Designation for Post Graduate Teacher (Guide). Principal should verify all the information provided especially, qualification, experience, service details and Student: Guide ratio before sending the proforma to the university. Proforma is hosted on RGUHS website. Incomplete applications / applications without attested copies of the documents mentioned in the proforma will be rejected.

Principal / Head of the institution will be solely responsible for any wrong information provided and liable for any disciplinary action taken by the university.


REGISTRAR

Copy To,

1. The Principals of all affiliated Medical, Dental, AYUSH, Pharmacy, Nursing and Physiotherapy colleges of RGUHS.
2. PA to Vice-Chancellor/ PA to Registrar/Registrar(E)/Finance Officer
3. Office Copy



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

ACA/DCD/Gen-PG guide proforma/413/2020-21.

Date:22/12/2020

General Instruction for Applying for Recognition / Change of Guide / Change of college/Change of Designation for Post Graduate Teacher (Guide)

- Application must be submitted in the Prescribed Proforma only and must be duly filled by the applicant in his own handwriting and submitted to the university through the principal's office.
- Separate application has to be submitted for each candidate.
- Prescribed Proforma must be duly filled by the applicant in his own handwriting and submitted to the university through the Principal's office.
- To become PG teacher (guide) as per the respective Apex body norms and RGUHS guidelines, He / She must apply to University along with all the required documents and obtain recognition from RGUHS as PG teacher for guiding students for the Synopsis / Project work / Dissertation.
- No teacher should be allotted to students as PG Teacher (Guide) **without getting official guide recognition letter from RGUHS** even though he/she has fulfilled the required academic criteria as to become PG teacher (Guide).
- Teacher must be a full time/Regular employee in the institution. If any teacher is Deputed or Transferred to other institution, it must be brought to the notice of RGUHS and if such teacher is guiding any students, **change of guideship** needs to be applied for such students. Proposed guide must be a recognized guide in the institution and must enclose the letter of recognition as PG Teacher (guide) issued by RGUHS.
- If a teacher is promoted He / She must apply for **Change of Designation** in the prescribed proforma.
- If a Teacher is newly appointed in an institution and already a Recognized PG teacher (guide) in previous institution, He / She must apply for **Change of College/ Institution** from previous to the present institution. Teacher must be allotted to the candidate only upon transfer of his/her guideship to the present institution is approved by RGUHS.
- Must ensure **Guide: Student** ratio as per the Apex body norms and RGUHS Guidelines.
- Must ensure that PG Teacher (Guide) should not have crossed 57 years of age in case of 03-year PG course or 58 years in case of 02 years PG course where the retirement age is 60 years.
- In case of retired/ re-employed teachers the age limit is 62 years in case of 03-year PG course or 63 years in case of 02 years PG course. Such teachers need to submit an affidavit that they will be continued in the service till 65 years.
- If Application is incomplete in any aspect and if not submitted any of the Document copy attested by the principal/ Head of the institution, such applications will not be processed further.
- Incomplete and incorrect applications and applications with false information will be rejected and they are liable for disciplinary action by the university.
- Principal should verify all the information provided especially, qualification, experience, and service details and Student: Guide ratio before sending the proforma to the university.
- **Principal/ Head of the institution will be solely responsible for any wrong information provided and liable for any disciplinary action taken by the university.**

REGISTRAR



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RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU

4th T Block, Jayanagar, Bengaluru – 560 041

**CHANGE OF COLLEGE/INSTITUTION
FOR POST GRADUATE TEACHER (Guide)**

[Read the instructions carefully before filling up the proforma]

To be filled in BLOCK LETTERS only

FACULTY		Affix recent passport size photo attested by the Principal	
NAME OF THE APPLICANT			
DESIGNATION			
DEPARTMENT/ SPECIALIZATION			
DATE OF BIRTH		AGE	
Name of the Institute	Present working Institution with Address, Mail Id and Mobile Number	Name and Address of the Previous Working Institution	

DOCUMENTS TO BE ENCLOSED*

(Copies of the documents attested by the Principal / Head of the Institution)

1. Affiliation Notification for the current year issued by RGUHS.
2. PG Guide Recognition Letter Issued by RGUHS
3. Relieving Order from the previous institution.
4. Appointment Order for the present institution.
5. Duty Joining Reports.
6. Affidavit in case of Retired/Re-employed teachers.
7. Form No-16 (If not issued by the current institution, please provide the bank statement for the salary received from the currently working institution).

***All Criteria are subjected to Modifications/Change as per Apex body Regulations.**

Name and Signature of the Applicant	Name and Signature of the HOD with Seal
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Endorsement by the Principal / Head of the Institution

The information provided by the teacher is verified from the office records and found to be correct. I shall take the sole responsibility for any wrong information provided and liable for any action taken by the university.

Place:

Date:

**Signature of the Principal/
Head of the Institution with Seal**

Note:

1. The Prescribed Performa must be duly filled by the applicant in his own handwriting and submitted to the university through the principal's office.
2. Teacher must be a full time / Regular employee working in the institution.
3. The Principal should verify all the information provided especially, qualification, experience, and service details and Student: Guide ratio before sending the proforma to the university.
4. Ensure that attested copies of all relevant documents are furnished along with the application.
5. **Incomplete / incorrect /applications with false information will be rejected and they are liable for disciplinary action by the university.**
6. **Principal will be held solely responsible for any false information provided.**



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4th T Block, Jayanagar, Bengaluru – 560 041

CHANGE OF DESIGNATION OF POST GRADUATE TEACHER

[Read the instructions carefully before filling up the proforma]

To be filled in **BLOCK LETTERS** only

FACULTY		Affix recent passport size photo attested by the Principal	
NAME OF THE INSTITUTION / COLLEGE			
NAME OF THE APPLICANT			
CHANGE OF DESIGNATION	FROM:	TO:	
DEPARTMENT/ SPECIALIZATION			
DATE OF BIRTH		AGE	

TEACHING EXPERIENCE*

Sl.no	Designation	Name of the Institute	From DD/MM/YYYY	To DD/MM/YYYY	Total (Years)
1					
2					
3					
4					
5					
Total years of Experience					
Number of years of experience after completion of Post-graduation degree					
Number of years of Experience as Professor.					
Number of years of Experience as Associate Professor/Reader					
Number of years of Experience as Assistant Professor/Lecturer					

DOCUMENTS TO BE ENCLOSED *

(Copies of the documents attested by the Principal / Head of the Institution)

1. PG Guide Recognition Letter Issued by RGUHS.
2. Promotion Order/s
3. Duty Joining Report.
4. Form No-16 (If not issued by the current institution, please provide the bank statement for the salary received from the currently working institution).
5. Journal Publications and Authorship criteria: As per Respective Apex body guidelines wherever applicable.

***All Criteria are subjected to Modifications/Change as per Apex body Regulations.**

Name and Signature of the Applicant	Name and Signature of the HOD with Seal
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Endorsement by the Principal / Head of the Institution

The information provided by the teacher is verified from the office records and found to be correct. I shall take the sole responsibility for any wrong information provided and liable for any action taken by the university.

Place:

Date:

**Signature of the Principal/
Head of the Institution with Seal**

Note:

1. The Prescribed Performa must be duly filled by the applicant in his own handwriting and submitted to the university through the principal's office.
2. Teacher must be a full time / Regular employee working in the institution.
3. The Principal should verify all the information provided especially, qualification, experience, and service details and Student: Guide ratio before sending the proforma to the university.
4. Ensure that attested copies of all relevant documents are furnished along with the application.
5. **Incomplete / incorrect /applications with false information will be rejected and they are liable for disciplinary action by the university.**
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Application for Change of PG teacher (Guideship) for Student

(For Post Graduate Synopsis/ Dissertation in accordance with
RGU/AUTH/ Spl. /090/2016-17 Dt. 15/12/2016)

To be filled in **BLOCK LETTERS** only

Faculty			
Course of Study		Subject	
Admission Year		Date of Admission to Course	
Name of the Institution/College			
Name of the Student			
Title of the Topic			
Existing Guide Name. Designation			
Reason for Change of Guide			
PROPOSED GUIDE NAME			
Date of Birth		Age	
Designation			
Address for correspondence			
Telephone No. / Mob.No. / Fax/e-mail			
Existing Number of students under Proposed guide			

Enclosures to be submitted (To be attested by Principal/Head of the Institution)

1. PG Teacher recognition letter Issued to Proposed guide by RGUHS

(If No, please send his/her proforma for recognition as PG teacher in prescribed format. Change of guide can be done only if the proposed teacher is a **Recognized PG teacher (Guide)** under RGUHS)

2. Resignation letter of the previous guide

3. Relieving order of the previous guide

Name and Signature of the Candidate

Name and Signature of the Proposed Guide

Name and Signature of the HOD with Seal

Endorsement by the Principal / Head of the Institution

The information provided by the teacher is verified from the office records and found to be correct. I shall take the sole responsible for any wrong information provide and liable for any action taken by the university.

Place:

Date:

**Signature of the Principal/
Head of the Institution with Seal**

Note:

1. The Prescribed Performa must be duly filled by the applicant in his own handwriting and submitted to the university through the principal's office.
2. The Principal should verify all the information provided especially, qualification, experience, and service details and Student: Guide ratio before sending the proforma to the university.
3. Ensure that attested copies of all relevant documents are furnished along with the application.
4. **Incomplete / incorrect /applications with false information will be rejected and they are liable for disciplinary action by the university.**
5. **Principal will be held solely responsible for any false information provided.**



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APPLICATION FOR RECOGNITION AS POST GRADUATE TEACHER

[Read the instructions carefully before filling up the proforma]

To be filled in BLOCK LETTERS only

FACULTY	AYURVEDA				Affix recent passport size photo attested by the Principal
NAME OF THE INSTITUTION / COLLEGE					
NAME OF THE APPLICANT					
DESIGNATION					
DEPARTMENT/ SPECIALIZATION					
DATE OF BIRTH		AGE			
QUALIFICATION	UG	PG	PhD	Any Other	
Name of the University					
Name of the Degree					
Year of Passing (DD/MM/YYYY)					
Apex body / State council Registration number					
CCIM Teacher code					

TEACHING EXPERIENCE *

(Must have minimum of 05 Years of teaching experience in the CONCERNED DEPARTMENT after completing Post graduation)

- **Professor:** 05 years as Associate professor.
- **Associate Professor/ Reader:** 05 years as Assistant professor.
- **Assistant professor/Lecturer:** 05 Years of teaching experience in the concerned department after completing Post graduation.

Sl.no	Designation	Name of the Institute	From DD/MM/YYYY	To DD/MM/YYYY	Total (Years)
1					
2					
3					
4					
5					
Total years of Experience					
Number of years of experience after completion of Post-graduation degree					
Number of years of Experience as Professor.					
Number of years of Experience as Associate Professor/Reader					
Number of years of Experience as Assistant Professor/Lecturer					

DOCUMENTS TO BE ENCLOSED. *

(Copies of the documents attested by the Principal / Head of the Institution)

1. Institution's Affiliation Notification for the present year issued by RGUHS.
2. SSLC Marks card [or any other Proof for Date of Birth]
3. UG & PG Degree Certificate
4. Appointment Order.
5. Duty Joining Reports.
6. Promotion Orders.
7. Teaching Experience Certificates.
8. State council Registration certificate.
9. CCIM Teacher code
10. Form No-16 (If not issued by the current institution, please provide the bank statement for the salary received from the currently working institution)
11. Notarized Notary (wherever applicable)

***All Criteria are subjected to Modifications/Change as per Apex body Regulations.**

Name and Signature of the Applicant	Name and Signature of the HOD with Seal
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Endorsement by the Principal / Head of the Institution

The information provided by the teacher is verified from the office records and found to be correct. I shall take the sole responsibility for any wrong information provided and liable for any action taken by the university.

Place:

Date:

**Signature of the Principal/
Head of the Institution with Seal**

Note:

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