

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

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

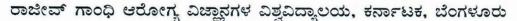
With reference to the above subject, it is instructed to Principals / Head of the institutions/ Teachers to strictly adhere to all the instructions enclosed here with and must apply in specified proforma for Recognition / Change of Guide / Change of college / Change of Designation for Post Graduate Teacher (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.



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





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 Performa 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 Performa 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.





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

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

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. <u>Principal will be held solely responsible for any false information provided.</u>



RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU 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 NAME OF THE INSTITUTION / COLLEGE NAME OF THE APPLICANT			Affix recent passport size photo attested by the Principal
CHANGE OF DESIGNATION	FROM:	TO:	
DEPARTMENT/ SPECIALIZATION		I	
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				
Numb	er of years of exper	ience after completion of Post-g	raduation degree		
Numb	er of years of Exper	ience as Professor.			
Numb	er of years of Exper	ience as Associate Professor/Re	ader		
Numb	er of years of Expe	rience as Assistant Professor/Leo	cturer		

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

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.
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- 6. <u>Principal will be held solely responsible for any false information provided.</u>



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

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

Fa	aculty						
C	ourse of Study		Subject				
Α	dmission Year		Date of Ad to Course	Imission	l		
	ame of the astitution/College						
	ame of the tudent						
Ti	itle of the Topic						
N	xisting Guide ame. esignation						
C	eason for hange of Guide						
	ROPOSED UIDE NAME						
	ate of Birth				Age		
	esignation						
	ddress for orrespondence						
Te M	elephone No. / ob.No ./ Fax/e-mail						
of	xisting Number students under roposed 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	Name and Signature of the	Name and Signature of the HOD
Candidate	Proposed Guide	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.
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RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU 4th T Block, Jayanagar, Bengaluru – 560 041

APPLICATION FOR RECOGNITION AS POST GRADUATE TEACHER

[Read the instructions carefully before filling up the proforma]

To be filled in BLOCK LETTERS only

FACULTY NAME OF THE INSTITUTION / COLLEGE	H	OMEOPA	THY		Affix recent passport size photo attested by the Principal
 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					

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: 05 years as Assistant professor.
- Assistant professor: 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				
Numb	er of years of Exper	ience as Professor.			
Numb	per of years of experi	ence after completion of Post-g	aduation degree		
Numb	er of years of Exper	ience as Associate Professor			
Numb	er of years of Exper	ience as Assistant Professor			

DOCUMENTS TO BE ENCLOSED. *

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

- 1. Affiliation Notification for the current academic year issued by RGUHS.
- 2. SSLC Marks card [Proof of Date of Birth]
- 3. UG & PG Degree Certificate
- 4. Appointment Order
- 5. Duty Joining Report
- 6. Promotion Order
- 7. Teaching Experience Certificates
- 8. State council Registration certificate.
- 9. CCIM teachers 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)

*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

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.
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