

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU 4<sup>th</sup> 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



RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU 4<sup>th</sup> 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.

REGISTRAR



# RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU 4<sup>th</sup> 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

NAME OF TAPPLICAN					pas	Affix recent esport size photo attested by the Principal
DESIGNAT						
DEPARTMI SPECIALIZ						
DATE OF B					AGE	
Name of the	Institute	Present working Institution Address, Mail Id and Mobi	n with ile Number	Name and A Working In		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. Principal will be held solely responsible for any false information provided.



RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU 4<sup>th</sup> 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

NAME OF THE INSTITUTION /				
			a	ttested by the
				Principal
COLLEGE				
NAME OF THE				
APPLICANT				
CHANGE OF FROM	<b>A</b> :	TO:		
DESIGNATION				
DEPARTMENT/				
SPECIALIZATION				
DATE OF BIRTH			AGE	
Diffe of Bikin			MGL	

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					
Numb	er of years of Experi	ence as Assistant Professor/Lecture	er		

#### **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.
- 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.



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

Faculty					
Course of Study		Subject			
Admission Year		Date of Admis to Course	sion		
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					_

<b>Enclosures to be submitted (To</b>	be attested by Principal/Head o	f the Institution)			
(If No, please send his/her profor be done only if the proposed teac	her is a <b>Recognized PG teacher</b> (	n prescribed format. Change of guide can			
2. Resignation letter of the	previous guide				
3. Relieving order of the pr	revious 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/			

#### 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.

**Head of the Institution with Seal** 

- 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.

\*\*\*\*\*



RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU 4<sup>th</sup> 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	PHARMACY			Affix recent passport size
NAME OF THE INSTITUTION / COLLEGE				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)				
Name of the Apex Body.				
National/ State Council registration number				

#### **TEACHING EXPERIENCE\*:**

(Must have minimum of 05 Years of teaching experience after completing Post graduation or 01 Years of teaching experience after completing PhD)

Sl.no	Designation	Name of the Institute	From DD/MM/YYYY	To DD/MM/YYYY	Total
1					
2					
3					
4					
5					
TOTAL EXPERIENCE IN YEARS					

#### **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. All year/ Semester Marks cards of M. Pharm
- 5. Appointment Order
- 6. Duty Joining Report
- 7. Promotion Order
- 8. Teaching Experience Certificates.
- 9. National/State Council registration certificate.
- 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. 02 Original Research articles in peer reviewed papers in scientific journals of Pharmacy or allied branches. (Must Be First or Second author)

<sup>\*</sup>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. 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.

\*\*\*\*\*