Re-Accredited by NAAC with 'A' Grade



VEER NARMAD SOUTH GUJARAT UNIVERSITY University Campus, Udhna-Magdalla Road, SURAT - 395 007, Gujarat, India.

વીર નર્મદ દક્ષિણ ગુજરાત યુનિવર્સિટી યુનિવર્સિટી કેમ્પસ, ઉધના-મગદલ્લા રોડ, સુરત - ૩૯૫ ૦૦૭, ગુજરાત, ભારત.

Tel: +91 - 261 - 2227141 to 2227146, Toll Free: 1800 2333 011, Fax: +91 - 261 - 2227312 E-mail: info@vnsgu.ac.in, Website: www.vnsgu.ac.in

APPLICATION FOR RECOGNITION AS A POST GRADUATE TEACHER

(For PG Degree / Diploma, other than Ph.D. Degree)

	Internet Copy
Date:	Branch/Specialization Degree / Diploma. niversity in this behal
(To be filled in by the applicant) 1. Applicant's Name in full: (Mr./Mrs./Miss)	rs faithfully,
1. Applicant's Name in full : (Mr./Mrs./Miss)	of the applicant)
(Mr./Mrs./Miss)	
Name of the College / Institution	
Telephone No : ()Fax No. : _	
College Address :	
Pin :	
2. Residential Address :	
Pin :	
Telephone No:	
Birth Date: AgeYears (in complete	ete years)
3. (i) Whether present appointment is	
Permanent or Temporary :	
(ii) Whether Full Time or Part Time :	
(iii) Whether the appointment is approved by the University?	
If yes, please state the reference of the University letter.	
* Letter No dated	

4.	(i) T	he actual p	resent positio	n of the	applicant	on the teaching	staff of the College/In	nstitution
		where he	/she is workin	g and the	date fron	n which he/she i	s holding the position.	
		Positi	on :					
		Date o	of Appointme	nt :				
	(ii) I	Date of joini	ing the College	e/Institut	ion :			
5.	Pa	articulars o	f all the Unive	ersity Deg	gree/ Dip	loma obtained by	the applicant, and th	e type of
	th	e Degree/s	s, (i.e. whether	r obtaine	d (i) by p	apers (ii) by rese	earch (iii) partly by pa	ipers and
	pa	artly by res	earch or (iv) fo	or publish	ned work.))		
		(* Zer	ox copy of the	Marksh	eet must l	oe attached)		
		Degree/	University	Class	Year	Subject	By Papers/Research	
		Diploma				Branch /	or Published Work	
						Specialization		
6.	Ti	tles of thesi	is/theses or p	ublished	work for v	which the researc	h degree/s was/were	
	av	warded. TI	TLE:					
7.	(i)	No. of Bool	ks and Researc	h Publica	itions incl	uding Articles en	nbodying the results of	fresearch
		or investi	gations publis	hed in red	cognised J	ournals		
	(F	urnish info	rmation & a lis	st with da	ates of pul	olication in a sepa	rate sheet as Annexur	e -)
	(V	Vork done s	subsequent to	the award	d of the re	search degree/s	should be specially inc	licated.)
	` '					ch experience in	years.	
	(F	urnish deta	nils thereof, if a	ıny in sep	arate shee	et as Annexure -)	
8.	T1		of the subject ir	n which th	ne applica		l, with details of specia	
9.	Sı	abject the P	G Degree and,	or the D	iploma for	r which recogniti	on is sought.	

10.	(i) If recognised as a Post-Graduate Teacher by this University , furnish the following details
	(Please mention the subject/s and the date from which such recognition is given)

Cubiact	Додиоо	Linizzawaitz	Period		
Subject	Degree	University	From	То	Years

(ii) If recognised as a Post-Graduate Teacher **by any other University**, furnish the following details :

(Please mention the subject/s and the date from which such recognition is given)

Subject	Dograd	University	Period		
Subject	Degree	Offiversity	From	То	Years

11. Previous / Present teaching experience :

Level	University/College	Subject/Papers	Class	Year	'S
	/Institution			From	То
Under-Graduate					
(Class)					
Graduate					
(Class)					

Total teaching experience in the Subject					
		•			
Years	months	at Degree Classes.			

12. Previous/Present experience of teaching for Post-Graduate Degrees by papers : (Please state the special subject and/or topic and/or paper/s taught)

I I : : ! /	C. 1-1 (/	D		Period	
University/ Centre	Subject/ Specialization	Degree	From	То	Years

Under Gra Period p	er week :				Total Hours / Mir	nutes
ectures			du	ration	Total Hours / Will	
eminars				"		
utorials				11		
aboratory Sup				II		
i) Post-Grad	duate leve	<u>1:</u>				
Period p	er week :				Total Hours / Mir	<u>nutes</u>
ectures	of		du	ıration		
eminars	of			II		
utorials	of			11		
ssignment	0	f		_ "		
aboratory Sup	ervision	of _		11		
brary Superv	ision	of	f	"		
Total w	ork load pe	r week				
Level	Hours	Min	ıtes	1		
UG						
PG						
		1				
revious experi	ience of Gui	ding Pos	st-Grac		ent by research	
				Number	of Students	<u> </u>
Name of University	Mast Degre resea	e by	Ph.I). Degree	Branch Of Subject	Years
umber of stuc	lent guided	by the a	pplica:	nt, whose T	Γ heses have been acc	cepted.

17.

SGU-SURAT		5			1.0. reaction re
(ii) The place in which the	applicant pro	oposes to g	uide rese	earch or teac	h.
(iii) The details as to the facilities available for the purpose (e.g. Library, Laboratory, Equipment etc.)					
······································		.1 . 1		. 1	
(iv) Number of weekly ho applicant.	urs devoted t	o the stude	nts tor g	uidance reg	istered under the
 Other particulars in suppo	ort of the appl	lication ·			
Details of Posts held in Co			applicar	nt:	
Post	Subject/s	Class/es	Years	College	University
	taught				
(1) Professor					
(2) Associate Professor					
(3) Reader					
(4) Assistant Professor					
(5) Senior Lecturer					
(6) Junior Lecturer					
(7) Lecturer					
(8) Associate Lecturer					
(9) Assistant Lecturer					
(10) Tutor					
(11) Demonstrator					
(12) Registrar					
(13) Houseman					
(14) Research Officer					
(15) Research Assistant					

(18)	Applicable to the teacher Under the Faculty	y of Medicine :	(Ord. 109)	(III)
` ′	· ·		•	

(a) The actual designation of the applicant on the Staff of the Medical College
(i.e. Professor/Associate Professor/Assistant Professor)

	(b) Whether the applicant is holding Full-Time o	or Part-Time appointment
	(c) Date of Joining :	
	(d) (i) Teaching experience of years as Le	_
	 (ii) Teaching experience of years as Lea Higher Specialty Degree (MD/MS etc.) ir (e) Applicable to Honorary/Part-Time teachers I am Honorary/Part-Time Teacher in 	cturer or Assistant Prof. after obtaining the year (In Super Specialty subject :
	Department and have been putting in duties per day in the Medical College / Insti	hours clinical and teaching tution.
		(Signature of the applicant)
	Certificate of the Principal/Head of the	College / Institution
This is to co	certify that, to the best of my knowledge and belief,	the above information is correct.
He / She is	eligible for the recognition as a Post-Graduate Teacher	under Ordinance 109 (Clause)
the Head o through wl	with Stamp of of the Institution whom the n is submitted	
Dated :		
(ii) (iii) (iv)	Strike off which is not applicable. Fill in the form carefully and furnish all details as r Supply the information in separate sheet (Annex insufficient. Application lacking of the requisite information consideration.	ture-) where the space is found