



ರಾಜೀವ್‌ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

**Rajiv Gandhi University of Health Sciences, Karnataka**

4<sup>th</sup> "T" Block, Jayanagar, Bangalore – 560041

Ph.No. 080-29601937

RGUHSB/DCD/GUME/3/2024-25

Date: 18/09/2024

## CIRCULAR

**Sub:** Request for all the Eligible Post Graduate Super Specialty Teachers to apply for the Guide ship letter to the university – Reg

**Ref:** 1. PGMER -2023 F. No. CDN-19012/5/2023-Coord-NMC; Gazette on 29<sup>th</sup> December, 2023.


2. Teachers Eligibility Qualifications in medical institutions regulations, 2022 F. No. NMC/MCI-23(i)/2021-med, 14th February, 2022.

3. Syndicate Meeting Proceedings Dated 26.08.2024

With reference to the above subject, the Post Graduate Medical Education Regulations have been released by the National Medical Commission on 29.12.2023, wherein under its clause 5.2 (iii), it is mentioned as follows "All broad-specialty and super-specialty students will do thesis related research and will write thesis".

Therefore, all the Teachers of the Super-specialty courses who are eligible to guide the DM/MCh students, as per the Clause 5.2. of Teachers Eligibility Qualifications in Medical Institutions Regulations, 2022, Vide reference quoted above in sl No. (2), are hereby requested to apply to the university for Guide Recognition letter.

The format in which the application has to be submitted is herewith attached.

  
**DIRECTOR**  
Director, Dept. of Curriculum Development  
Rajiv Gandhi University of Health Science, Karnataka  
4th 'T' Block, Jayanagar, Bangalore-500 041.

To,

1. The Principals/ Dean/Director of all the Medical Institutions affiliated to Rajiv Gandhi University of Health Sciences.

**Copy to:**

1. Secretariat office of the Vice Chancellor / PA to Registrar / Office of the Registrar (Evaluation) / Finance Officer, R.G.U.H.S
2. All Officers of the University
3. Guard File / Officer Copy



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**Rajiv Gandhi University of Health Sciences, Karnataka**  
 4<sup>th</sup> "T" Block, Jayanagar, Bangalore – 560041  
 Ph.No. 080-29601937

RGUHSB/DCD/GUME/3/2024-25

Date: 18/09/2024

**CIRCULAR**

**Sub:** Submission of the Synopsis to the University by the students of super Specialty courses – Reg

**Ref:** 1. PGMER -2023 F. No. CDN-19012/5/2023-Coord-NMC; Gazette on 29<sup>th</sup> December, 2023.  
 2. Syndicate Meeting Proceedings Dated 26.08.2024.

With reference to the above subject, the Post Graduate Medical Education Regulations have been released by the National Medical Commission on 29.12.2023, wherein under its clause 5.2 (iii), it is mentioned as follows "All broad-specialty and super-specialty students will do thesis related research and will write thesis".

Therefore, all the students admitted during the academic year 2023-24 onwards, shall submit their synopsis to the university in the online portal. The link for this is <https://rguhsaca.karnataka.gov.in/sspregistration>.

The students may kindly note the following datelines for their synopsis submission.

SI. No	Description of events	Schedule
1	Submission of synopsis last date	Dec 15 <sup>th</sup> 2024
2	Submission of dissertation	June -2026

*[Signature]*  
 Director, Development  
 Rajiv Gandhi University of Health Science, Karnataka,  
 4th "T" Block, Jayanagar, Bangalore-560 041.

To,

1. The Principals/ Dean/Director of all the Medical Institutions affiliated to Rajiv Gandhi University of Health Sciences.

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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 IN  
SUPER SPECIALITY COURSES**

[Read the instructions carefully before filling up the proforma]

To be filled in **BLOCK LETTERS** only

<b>FACULTY</b>	<b>MEDICAL - SUPER SPECIALITY</b>			Affix recent passport size photo attested by the Principal
<b>NAME OF THE INSTITUTION / COLLEGE</b>				
<b>NAME OF THE APPLICANT</b>				
<b>DESIGNATION</b>				
<b>DEPARTMENT/ SPECIALIZATION</b>				
<b>DATE OF BIRTH</b>	<b>AGE</b>			
<b>QUALIFICATION</b>	<b>UG</b>	<b>PG (MD/MS)</b>	<b>DM/MCh/Equivalent</b>	<b>Any Other</b>
<b>Name of the University</b>				
<b>Name of the Degree</b>				
<b>Year of Passing (DD/MM/YYYY)</b>				
<b>Name of the Apex Body.</b>				
<b>Apex body / State council Registration number</b>				

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*Appnd. Draft*  
  
 Director, Dept. of Curriculum Development  
 Rajiv Gandhi University of Health Science, Karnataka,  
 4<sup>th</sup> T Block, Jayanagar, Bangalore-560 041.

**TEACHING EXPERIENCE DETAILS\***

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

**Note:** For eligibility, kindly refer to **TEACHERS ELIGIBILITY QUALIFICATIONS IN MEDICAL INSTITUTIONS REGULATIONS, 2022**, released by the National Medical Commission dated 14<sup>th</sup> February 2022.

**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
2. SSLC marks card (or any other Proof for date of Birth)
  - Age Limit: Maximum Age limit for grant of Guideship is up to 68 years.
  - If Age of the applicant is 67 years an undertaking from the institution that such faculty will be retained till 70 years must be produced.
3. DM/Mch degree certificate.
4. Appointment order (Present Working Institution)
5. Duty joining report
6. Teaching experience certificates.
7. Apex body registration certificate (National Apex body / Karnataka state council) of Mch/DM.
8. LOP or Recognition letter issued by NMC

<b>Name and Signature of the Applicant</b>	<b>Name and Signature of the HOD with Seal</b>

**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. **Guide Recognition letter will be issued to those teachers who are eligible to guide as per the Gazette of India, Dated 14<sup>th</sup> Feb 2022 on "TEACHERS ELIGIBILITY QUALIFICATIONS IN MEDICAL INSTITUTIONS REGULATIONS, 2022" By National Medical Commission**
2. This Prescribed Application must be duly filled by the applicant in his own handwriting and submitted to the university through the principal's office.
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 and faculty will be held solely responsible for any false information provided.**

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