



ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

Office: Sishu Bhawan Square, Bapuji Nagar, Bhubaneswar, Pin- 751009
Web Site: www.ouhs.ac.in E-mail: ouhs2022@gmail.com / ouhs@ouhs.ac.in Tel: 0674-2917266

F. No. CD/Gen-1/212/ 1553 / OUHS/ 2023

Date: 02/11/2023

To

All the Dean & Principals / Directors,
of affiliated colleges under OUHS.

Sub:- Clarification on fee for Registration of Teachers

Ref:- CD/Gen-1/212/ 1402 / OUHS/ 2023

Madam/Sir,

In inviting a reference to the subject and letter cited above, it is clarified that the fee for the Registration of Teachers of Affiliated Colleges of Odisha University of Health Sciences will be as follows.

1. Fee for Medical College Teachers is Rs.2000/-.
2. Fee for paramedical and Allied Health Sciences Teachers (Dental / Ayurveda / Homeopathy / Nursing / Pharmacy / Allied Health Science) is Rs.1000/-.
3. Annual renewal fee for Contractual Teachers is Rs.500/-.


2.11.2023

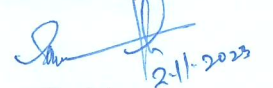
Registrar,
OUHS, Bhubaneswar

Memo No: 1551 / 2023

Date: 02/11/2023

Copy forwarded to OSD to the Vice-Chancellor for information of the Vice-Chancellor / Notice Board for information.

Yours faithfully,


2.11.2023

Registrar,
OUHS, Bhubaneswar



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F. No. CD/Gen-1/212/ 1402 / OUHS/ 2023

Date: 30.09.2023.

To

All the Dean & Principals / Directors,
of affiliated colleges under OUHS.

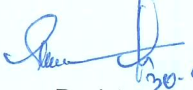
Sub:- Registration of Teachers

Madam/ Sir,

In inviting a reference to the subject cited above, I am to say that as per the Statute 39 & 98 of the 1st statute of OUHS,2023, there is provision that every teacher of the affiliated colleges under OUHS has to register himself/herself in the prescribed form as the teacher of the university. Accordingly, the University has prepared a Proforma for registration of teachers, (Copy enclosed).

You are, therefore, requested to ensure that all the teachers under your institution should fill up the Proforma and this same should be signed by the Head of the Department & counter signed by the Dean & Principals and the same filled up Proforma should be forwarded to the University at the earliest.

Yours faithfully,


30-9-2023

Registrar,

OUHS, Bhubaneswar



ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

(The teachers in different Institutions of Health Sciences of Odisha under OUHS, Bhubaneswar have to apply in the following prescribed proforma along with fees to register their name as Teachers of OUHS)

PROFORMA FOR REGISTRATION OF TEACHERS (MEDICAL COLLEGES)

(Registration of teachers in different institutions of health sciences of Odisha shall be made under Odisha University of Health Sciences)

1. Name of Teacher: _____
2. Age & Date of Birth: _____ (Years) _____ / _____ / _____
3. Photo ID Submitted:
(Copy of Aadhaar Card) Aadhaar Card Number: _____
4. Present Designation:
 - a. Date of Joining: _____
 - b. Department: _____
 - c. College/ Institute: _____
 - d. City / District: _____
 - e. Appointment: (i) Regular/ Contractual/ Ad-hoc basis
(ii) Full time / Part time
(iii) With Private practice / Without Private practice
 - f. State Medical Council Registration No.: _____
State: _____
Valid up to _____
 - g. Registration number as college teacher in which he is employed / College identity Card Number: _____

Attach a recent
Passport size colour
photograph with
Signature and seal of
the Principal / Dean
across it.

5. Complete Residential Address of the employee:
- a. Present: _____

- b. Permanent: _____

6. Contact details:
- a. Office telephone with STD code: _____
- b. Residence telephone with STD code: _____
- c. Mobile Phone Number: _____
- d. Email address: _____

7. Date of joining in the present institution: _____ / _____ / _____

8. Educational Qualifications: (Additional sheets may be attached, if required)

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
MBBS				
MD/ MS				
DM/ MCh				
PhD				
Additional Qualification				

- a. MD/ MS Subject: _____
- b. DM/ MCh Subject: _____
- c. PhD Subject: _____
- d. BCBR/ BCME (Date): _____
- e. Specialization: _____

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished by them to be accepted. Strike out whichever section is not applicable.

9. Copies of educational qualifications:
- a. Copies of MBBS & PG Degree certificates verified and attached: Yes / No
- b. Copies of MBBS & PG Degree Registration verified and attached: Yes / No
- c. Copies BCBR/BCME: Yes / No
10. Details of Teaching experience till date: (Additional sheets may be attached, if required)

Designation*	Department	Institution	From	To	Total
Junior Resident			___ / ___ / ___	___ / ___ / ___	___ (y) ___ (m)
Senior Resident/ Tutor			___ / ___ / ___	___ / ___ / ___	___ (y) ___ (m)
Asst. Professor			___ / ___ / ___	___ / ___ / ___	___ (y) ___ (m)
Assoc. Professor			___ / ___ / ___	___ / ___ / ___	___ (y) ___ (m)
Professor			___ / ___ / ___	___ / ___ / ___	___ (y) ___ (m)

*** Write NA (Not Applicable) for the designations not held**

11. Details of employment before joining the present institution:
- Name of College/Institution: _____
 - Designation: _____ Date on which relieved: ___ / ___ / ___
 - Experience as examiner and nature of appointment
12. PAN Card Number: _____
13. Number of Research articles in Indexed Journals: (Attach publications / Journal reference as per Vancouver style with DOI No.)
- International Journals: _____
 - National Journals: _____
 - State / Institutional Journals: _____
14. Details of other publications:
- Number of Books published: _____
 - Number of Chapters in books: _____
15. Fees to be deposited:
- Amount: Rs. 2000/-
(Rupees two thousand only) in shape of Bank Draft
- Drawn in favour of Registrar, Odisha University of Health Sciences, Payable at Bhubaneswar
- Bank Draft No: _____ Date: _____

DECLARATION

1. I, Dr. _____ am working in the capacity _____ in the Department of _____ at College and do hereby give an undertaking that I am employed as a full time teaching faculty, working from ____ : ____ A.M. to ____ : ____ P.M. daily at this Institute.
2. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
3. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct there by rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration.

Date:

Place:

(Signature of the Teacher)

ENDORSEMENT

This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. I have personally verified all the certificates/ documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/ him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.

Date:

Place:

Signature (Head of Dept.)
with official seal

Signature (Dean / Principal)
with official seal

For Office Use Only

Allotment of Registration of Teacher Number: _____ Date: _____

Signature



ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

(The teachers in different Institutions of Health Sciences of Odisha under OUHS, Bhubaneswar have to apply in the following prescribed proforma along with fees to register their name as Teachers of OUHS)

PROFORMA FOR REGISTRATION OF TEACHERS

(Dental / Ayurveda / Homeopathy / Nursing / Pharmacy / Allied Health Science)

(Registration of teachers in different institutions of health sciences of Odisha shall be made under Odisha University of Health Sciences)

1. Name of Teacher: _____
2. Age & Date of Birth: _____ (Years) _____ / _____ / _____
3. Photo ID Submitted:
(Copy of Aadhaar Card) Aadhar Card Number: _____
4. Present Designation: _____
 - a. Date of Joining: _____
 - b. Department: _____
 - c. College/ Institute: _____
 - d. City / District: _____
 - e. Appointment: (i) Regular/ Contractual/ Ad-hoc basis
(ii) Full time / Part time
(iii) With Private practice / Without Private practice
 - f. Registration No.(as per your Regulatory Body): _____
State: _____
Valid up to _____
 - g. Registration number as college teacher in which he is employed / College identity Card Number: _____

Attach a recent
Passport size colour
photograph with
Signature and seal of
the Principal / Dean
across it.

5. Complete Residential Address of the employee:
- a. Present: _____

- b. Permanent: _____

6. Contact details:
- a. Office telephone with STD code: _____
- b. Residence telephone with STD code: _____
- c. Mobile Phone Number: _____
- d. Email address: _____

7. Date of joining in the present institution: _____ / _____ / _____

8. Educational Qualifications: (Additional sheets may be attached, if required)

Sl.No.	Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
1					
2					
3					
4					

- a. PG Subject: _____
- b. PhD Subject: _____
- c. Specialization: _____

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished by them to be accepted. Strike out whichever section is not applicable.

9. Copies of educational qualifications:
- a. Copies of Degree certificates verified and attached: Yes / No
- b. Copies of Degree Registration verified and attached: Yes / No
- c. Copies BCBR/BCME: Yes / No
- d. Copies of any other special training: Yes / No

10. Details of Teaching experience till date: (Additional sheets may be attached, if required)

Designation*	Department	Institution	From	To	Total
Tutor			___ / ___ / ___	___ / ___ / ___	___ (y) ___ (m)
Lecture			___ / ___ / ___	___ / ___ / ___	___ (y) ___ (m)
Asst. Professor			___ / ___ / ___	___ / ___ / ___	___ (y) ___ (m)
Assoc. Professor			___ / ___ / ___	___ / ___ / ___	___ (y) ___ (m)
Professor			___ / ___ / ___	___ / ___ / ___	___ (y) ___ (m)

* Write NA (Not Applicable) for the designations not held

11. Details of employment before joining the present institution:

- a. Name of College/Institution: _____
- b. Designation: _____ Date on which relieved: ___ / ___ / ___
- c. Experience as examiner and nature of appointment

12. PAN Card Number: _____

13. Number of Research articles in Indexed Journals: (Attach publications / Journal reference as per Vancouver style with DOI No.)

- a. International Journals: _____
- b. National Journals: _____
- c. State / Institutional Journals: _____

14. Details of other publications:

- a. Number of Books published: _____
- b. Number of Chapters in books: _____

15. **Fees to be deposited:**

Amount: Rs. 1000/-
(Rupees one thousand only) in shape of Bank Draft

Drawn in favour of Registrar, Odisha University of Health Sciences, Payable at Bhubaneswar

Bank Draft No: _____ Date: _____

DECLARATION

1. I, _____ am working in the capacity _____ in the Department of _____ at College and do here by give an undertaking that I am employed as a full time teaching faculty, working from ____ A.M. to ____ P.M. daily at this Institute.
2. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
3. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct there by rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration.

Date:

Place:

(Signature of the Teacher)

ENDORSEMENT

This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. I have personally verified all the certificates/ documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/ him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.

Date:

Place:

Signature (Head of Dept.)
with official seal

Signature (Dean / Principal)
with official seal

For Office Use Only

Allotment of Registration of Teacher Number: _____ Date: _____

Signature