

ON STAMP PAPER OF RS. 100/- AND DULY NOTARIZED AFFIDAVIT

WILLINGNESS FOR ASSIGNMENT OF ADDITIONAL TEACHING DUTIES (DESIGNATION) AS PROFESSOR / ASSOCIATE PROFESSOR / ASSISTANT PROFESSOR TO DOCTORS WORKING IN ESIC MEDICAL COLLEGES/ PGIMSR/ ESIC HOSPITAL/ DISPENSARY/ OTHER ESIC OFFICES.

1. Dr. _____, having PG degree qualification (MD/MS/DNB/M.Sc./Ph.D) in _____ (Name of Specialty) and recruited by ESIC as Specialist / GDMO/ Other and presently working

in the department of _____ at ESIC Hospital, _____

OR

as _____ at _____ (Name of the location), hereby,

am willing to be assigned additional teaching duties of Professor/ Associate Professor/ Assistant Professor as per TEACHERS ELIGIBILITY QUALIFICATIONS (TEQ),2022 subject to the following terms & conditions:

2. I certify that my willingness for the additional teaching assignment is based on my own volition and will.
3. It shall be subject to approval by NMC and Affiliating University.
4. The assignment of additional duties (designated) of Professor / Associate Professor / Assistant Professor shall be effective from the date of approval of this assignment. .
5. I shall continue to perform existing duties assigned to me as Specialist / GDMO's'. In addition, I shall perform the duties of teaching faculty as Professor/ Associate Professor / Assistant Professor.
6. I shall continue to be governed by the rules and regulations of my initial recruitment and cadre.
7. I shall continue to draw the existing pay scales and allowances; no additional remuneration shall be payable to me on account of such assignment.
8. I can be assigned any additional duty by the Competent Authority.
9. The above-mentioned assignment as Professor/ Associate Professor / Assistant Professor is applicable only at present place of posting.
10. I shall remain under the administrative control of Dean, Medical College/ PGIMSR _____(Location shall be assigned by ESIC) for all Academic purposes.
11. I shall not make a claim for change of cadre, i.e. from non-teaching to teaching, at any stage, during my employment with ESIC.

I certify that I have read all the above terms and conditions and agree to fully abide by them.

(Dr. _____)

Name:

Employee ID:

Designation:

Place of Posting:

Date:

Witness:

(1)

(2)