



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. Specialization: _____
 - d. College/ Institute: _____
 - e. City / District: _____
 - f. Appointment: (i) Regular/ Contractual/ Ad-hoc basis
(ii) Full time / Part time
(iii) With Private practice / Without Private practice
 - g. Registration No.(as per your Regulatory Body): _____
State: _____
Valid up to _____
 - h. 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/Senior Tutor/Clinical Instructor			___/___/___	___/___/___	___(y) ___(m)
Principal Tutor			___/___/___	___/___/___	___(y) ___(m)
Lecture			___/___/___	___/___/___	___(y) ___(m)
Asst. Professor			___/___/___	___/___/___	___(y) ___(m)
Assoc. Professor/Reader			___/___/___	___/___/___	___(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. 1000/-
(Rupees one thousand only) in shape of online mode only.

Online Receipt No: _____ Date: _____

16. Details of Required Attested documents to be Submitted:

- Copy of Appointment Letter
- Copy of Joining Letter (with Proper Authorization)
- Copy of Acquittance roll /bank statement in case the salary is transferred online. (From the date of joining or Minimum period of one year)
- Transfer (Govt. Institution)/Relieving order (Private Institution), if applicable
- Teaching Experience Certificate (UG & PG)
- Any Others Relevant Supporting Documents as required

***Note: All Documents must be duly signed by the Dean/Principal/Director And must bear the official seal of the institution.**

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