

## Annexure - I

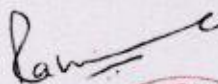
The details of each faculty (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents & to be submitted along with list of Teaching staff.

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	RAHUL JAGDISHLAL VERMA
02.	Date of Birth	:	26.05.1966.
03.	Address	:	B-41, KALPATARU SPARKLE, N. DHARMA DHIKARI ROAD BANDRA EAST.
04.	Tel. No./ Mob. No.	:	9930909956
05.	e-mail id	:	Rahul.j.verma@rfhospital.org
06.	Nationality	:	INDIAN
07.	Qualification in details : (attach documentary proof)	:	MD DCH MRCP(UK)
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	21.5 YEARS.
09.	Present Appointment	:	DIRECTOR ACADEMICS & RESEARCH
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	NA
12.	Any other relevant information	:	NIL.

- Note:**
1. Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
  2. Use only the Format provided, DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
  3. Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
  4. In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
  5. Experience of Defense services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unit wise distribution is given the faculty table above.

Date :- 15.09.2021

  
Sign. of Teaching Staff

Countersigned & Stamp by Head of Institute



Date :-

Sign. of Head of Institute



## Annexure - II

### Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

**Title of the Course applied for :-**

This is to Certify that Dr. RAHUL J. VERMA ..... has worked in the Department of ACADEMICS & RESEARCH ..... College / Institutes as per following details.

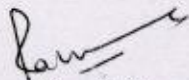
**A) General Experience:-**

Designation	From	To	Total period Year / Month	
	NA			

**B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-**

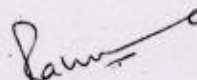
Designation	From	To	Total period Year / Month	
	NA			

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)



Sign & Stamp  
Head of the Department

Date: 15.09.2021



Sign & Stamp  
Dean/Principal/Head of Institute

Date: 15.09.2021

**Recommended/Not Recommended**

Signature with date of LIC Chairman/Member