

Annexure IV- Teacher's Form

Application form for Approval as Teacher for College of Physicians and Surgeons of Mumbai

Application for: Assist - Teacher

APPROVAL FOR SUBJECT OF : Paediatric D.C.H

Name of the Institute : Bakul Parekh Childrens Hospital & Multispecialty Centre

Name of the faculty(Surname first): Dr. Parekh Bakul Jayant.

Date of Birth : 1/03/1955 (DD/MM/YYYY)

Residential Address : 8, vikram Jyoti CHS, V.N. Purav Marg, Deonar, Mumbai-88

Telephone No.: 022 25505709

Mobile No.: 9821212887

Email ID : bakulparekh55@gmail.com

MCI/STATE Registration No.: 041151

(MBBS) : Mumbai Date : 1979 State: Maharashtra

* Renewal status: Maharashtra Medical Council Validity up to: 28th feb 2022

PAN No.: AGHPP4945L

EDUCATIONAL QUALIFICATIONS:(* Please attach relevant documents)

Sr.No.	Degree/ Diploma	Year of Passing	College / Institute	University / Board	Subject
01	* MBBS	1979	Lokmanya Tilak Medical College	Mumbai	
02	* MD (Paediatric)	1983	Lokmanya Tilak Medical College	Mumbai	Paediatric
03	*Diploma(D.C.H)	1981	College of Physicians & Surgeons	Mumbai	Paediatric

RECENT
PASSPORT SIZE
PHOTO

Teaching Experience in MCI recognized medical college:(Please attach experience certificates)

(Attach separate sheet, if necessary)

Sr.No.	College / Institute	Post Held	From (Date)	To (Date)	Total period	
					Years	Months
1	LTMGH	Resident	1.04.1979	20.12.1982	03	06
2	LTMGH	tutor	21.12.1982	30.6.1984	01	06
3	Kurla Bhaba Hospiatl	Asstt .Hon.	02.09.2004	25.02.2009	04	05
4	BPCH	Asso -Professor	26.02.2009	31.12.2015	05	10
5	BPCH	Professor	01.01.2016	15.10.2019	02	10
6						
	Total Experience				18	01

Post PG Professional Experience (Please do not repeat teaching experience):

Sr.No.	Professional Assignment	From (Date)	To (Date)	Remark
01	Clinical Practice	01.07.1984	01.08.2004	
02				
03				
	Professional experience excluding teaching experience	20		
	Teaching experience (From above table)	18	01	
	Total Experience	38	01	

Any other relevant information: Nil

Signature of teacher

(Dr Bakul J. Parekh)

Annexure V

TEACHER'S DECLARATION & UNDERTAKING

Name :Dr. Bakul Jayant Parekh.

Address :8. Vikram Jyoti CHS. V.N. Purav Marg,
Deonar, Mumbai 400 088

Date : 15/10/2019

To,
The Secretary / Registrar,
College of Physicians and Surgeons of Mumbai,
CPS House, Dr. E. Borges Marg.
Parel, Mumbai-400 012.

Subject: **DECLARATION and UNDERTAKING...**

Dear Sir/Madam,

This is to declare that I am working as **Professor** in **Bakul Parekh Childrens Hospital & Multispecialty Centre** from 01/01/1984 (date of joining)

I am not working as a recognized teacher in any other CPS recognized Institution as full time / part time.

My birth date is 1/03/1955 and my city of residence is Mumbai 400 088. I am giving this declaration under the full knowledge that in case it is proved wrong, action can be taken against me.

I, undersigned Dr. Parekh Bakul J. also hereby giving undertaking to your good selves that if the Unit of the institution is granted affiliation for the applied subject under my teacher-ship, then I will not leave the Teacher-ship from the said unit/institution till the affiliation period of unit/institution i.e. at least for 36 months except for any genuine reason.

I shall inform CPS immediately in case of any change in my appointment.

Thanking you,

Yours faithfully,

Name and Signature of teacher

(Dr. Bakul Jayant Parekh.)

Date: 15.10.2019