

Annexure IV- Teacher's Form

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

Application for: Asst. Teacher

APPROVAL FOR SUBJECT OF : Peadiatric D.C.H

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

Name of the faculty(Surname first): Dr. Banodkar Lokesh Ramesh

Date of Birth : 01/08/1975

Residential Address : 8, Raji,353/18,R.B.Mehta Road,Ghatkopar(E), Mumbai-77

Telephone No.: 022 21028858

Mobile No.: 9820743566

Email ID : lokeshbanodkar@yahoo.co.in

MCI/STATE Registration No.: 87466

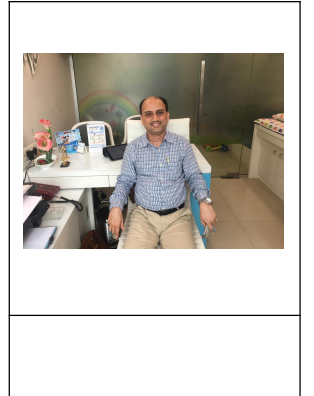
(MBBS) : Mumbai Date : 1998 State: Maharashtra

* Renewal status: _Maharashtra Medical Council Validity up to: 21th July 2023

PAN No.: AHRPB5880B

EDUCATIONALQUALIFICATIONS:(* Please attach relevant documents)

Sr.No.	Degree/ Diploma	Year of Passing	College / Institute	University / Board	Subject
01	* MBBS	1998	Topiwala National Medical College	Mumbai	
02	* MD (Peadiatric)	2002	Topiwala National Medical College	Mumbai	Peadiatric



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 Nair	Resident	9.9.1999	31.7.2002	02	10
2	BPCH	Lecturer	1.8..2012	01.12.2013	01	04
3	BPCH	Assist- Professor	1.01.2014	31.12.2016	02	
4	BPCH	Asso- Professor	1.01.2017	15.10.2019	02	10
	Total Experience				9	00

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

Sr.No.	Professional Assignment	From (Date)	To (Date)	Remark
01	Clinical Practice At BPCH	1.09.2004	28.10.2011	
02				
	Professional experience excluding teaching experience	07	01	
	Teaching experience (From above table)	9	00	
	Total Experience	16	01	

Any other relevant information: Nil

Signature of teacher

Annexure V

TEACHER'S DECLARATION & UNDERTAKING

Name :Dr. Banodkar Lokesh R.

Address :8. Raji, 353/18,R.B.Marg,
Ghatkopar (E), Mumbai 400 077

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 **Associate Professor** in **Bakul Parekh Childrens Hospital & Multispecialty Centre** from 01/09/2004 (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 01/08/1975 and my city of residence is Mumbai 400 077. 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. Banodkar Lokesh R. 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.Banodkar Lokesh R.)

Date: 15.10.2019