

Annexure IV- Teacher's Form

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

Application for: Unit Head -I

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. Mehta Rita S.

Date of Birth : 13/01/1942 (DD/MM/YYYY)

Residential Address : 18, vikram Jyoti CHS, V.N. Purav Marg, Deonar, Mumbai-88

Telephone No.: 022 25511006 **Mobile No.:** 9869205079

Email ID : mehtask@gmail.com

MCI/STATE Registration No.: 070415

(MBBS) : Mumbai Date : 1965 State: Maharashtra

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

PAN No.: AAHPM6120E

EDUCATIONALQUALIFICATIONS:(* Please attach relevant documents)

Sr.No.	Degree/ Diploma	Year of Passing	College / Institute	University / Board	Subject
01	* MBBS	1965	Topiwala National Medical College	Mumbai	
02	* MD (Peadiatric)	1971	Topiwala National Medical College	Mumbai	Peadiatric
03	*Diploma(D.C.H)	1967	College of Physicians & Surgeons	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	Resident	28.8.1973	18.7.1975	02	0
2	Seth GSM	Assist- Professor	19.7.1975	15.10.1975		03
3	LTMM	Assist- Professor	16.10.1975	13.1.1976		03
4	Seth GSM	Assist- Professor	14.1.1976	28.10.1078	01	10
5	LTMM	Assist- Professor	29.10.1978	29.2.1984	05	04
6	D.Y Patil	Professor	9.11.1992	31.01.2007	14	03
7	BPCH	Professor	1.10.2010	15.10.2019	09	00
	Total Experience				32	11

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

Sr.No.	Professional Assignment	From (Date)	To (Date)	Remark
01	Clinical Practice	30.3.1984	8.11.1992	
02				
03				
	Professional experience excluding teaching experience	08	08	
	Teaching experience (From above table)	32	11	
	Total Experience	41	07	

Any other relevant information: Nil

Signature of teacher
(Dr. Mehta Rita S.)

Annexure V

TEACHER'S DECLARATION & UNDERTAKING

Name :Dr. Mehta Rita S.

Address :18. 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 01/01/2010 (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 13/01/1942 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. Mehta Rita S. 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. Mehta Rita S.)

Date: 15.10.2019