

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. Shetye Sadanand S.

Date of Birth : 24/04/1984 (DD/MM/YYYY)

Residential Address : 438, vikram Jyoti CHS, V.N. Purav Marg, Deonar, Mumbai-88

Telephone No.: 022 24023719 **Mobile No.:** 9820743566

Email ID :

MCI/STATE Registration No.: 2008/05/2157

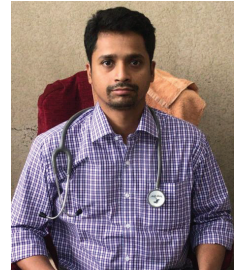
(MBBS) : MUHS Nasik Date : 2008 State: Maharashtra

* Renewal status: Maharashtra Medical Council Validity up to: 25th May 2023

PAN No.: CIQPS6215K

EDUCATIONAL QUALIFICATIONS: (* Please attach relevant documents)

Sr.No.	Degree/ Diploma	Year of Passing	College / Institute	University / Board	Subject
01	* MBBS	2008	Grand Medical College	MUHS(Nasik)	
02	* DNB (Peadiatric)	2014	Harkishan Das Medical College	NBE (New Delhi)	Peadiatric
03	*Diploma(D.C.H)	Nil			



**Dr. Sadanand S.
Shetye**

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	Grand Medical college	Resident	01.08.2009	31.07.2010	01	0
2	Harkisan Das Hospital	Registrar	1.7.2011	15.10.2014	03	03
3	BPCH	Sr. Registrar	16.10.2014	31.12.2015	01	02
4	BPCH	Lecturer	1.01.2016	31.12.2018	02	00
5	BPCH	Assist-Prpfessor	1.01.2019	15.10.2019	00	10
	Total Experience				08	03

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

Sr.No.	Professional Assignment	From (Date)	To (Date)	Remark
01				
02				
	Professional experience excluding teaching experience			
	Teaching experience (From above table)	08	03	
	Total Experience	08	03	

Any other relevant information: Nil

Signature of teacher
(Dr. Sadanad S. Shetye)

Annexure V

TEACHER'S DECLARATION & UNDERTAKING

Name :Dr. Shetye Sadanand S.

Address :438. 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 **Assistant Professor** in **Bakul Parekh Childrens Hospital & Multispecialty Centre** from 16/10/2014 (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 24.04.1984 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. Shetye Sadanand 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. Sadanand S. Shetye)

Date: 15/10/2019