

Annexure IV- Teacher's Form

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

Application for: Unit Head

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. Upadhye Shubhangi Dattatrey

Date of Birth : 02/10/1968

Residential Address : 3, Manik Prabhu, Model Town, Versova, Mumbai-53

Telephone No.: 02226347475 **Mobile No.:** 9869332968

Email ID : sdupadhye@yahoo.com

MCI/STATE Registration No.: 65267

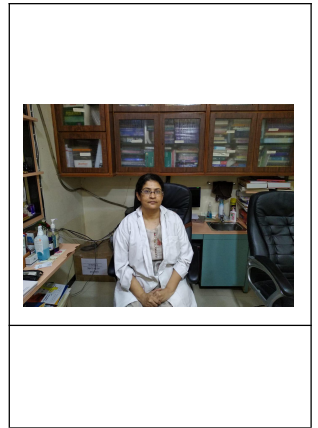
(MBBS) : Shivaji University Date : 1989 State: Maharashtra

* Renewal status: Maharashtra Medical Council Validity up to: 05th feb 2020

PAN No.: AAHPU5607L

EDUCATIONAL QUALIFICATIONS: (* Please attach relevant documents)

Sr.No.	Degree/ Diploma	Year of Passing	College / Institute	University / Board	Subject
01	* MBBS	1989	Grand Medical College, Miraj	Shivaji University	
02	* MD (Paediatric)	1993	Grand Medical College, Miraj	Shivaji University	Paediatric



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	GMC,Miraj	Resident	02.01.1990	31.12.1993	03	00
2	LTMG	Lecturer	20.03..1995	08.03.2001	06	00
3	LTMG	Asso- Professor	09.03.2001	12.08.2005	04	05
4	BPCH	Asso- Professor	01.01.2011	31.12.2015	04	00
5	BPCH	Professor	01.01.2016	15.10.2019	02	10
	Total Experience				20	03

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

Sr.No.	Professional Assignment	From (Date)	To (Date)	Remark
01	Clinical Practice	13.09.2005	31.12.2010	
02				
	Professional experience excluding teaching experience	04	03	
	Teaching experience (From above table)	20	03	
	Total Experience	24	06	

Any other relevant information: Nil

Signature of teacher

(Dr. Upadhye Shubhangi Dattatrey)

Annexure V

TEACHER'S DECLARATION & UNDERTAKING

Name :Dr. Upadhye Shubhangi Dattatrey.

Address :3,Manik Prabhu,Model Town
Versova, Mumbai 400 053

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 01/01/2011 (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 02/10/1968 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. Upadhye shubhangi Dattatrey. 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.Shubhangi Upadhye)

Date: 15.10.2019