

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 Vivasvan Bakul.

Date of Birth : 30/09/1987 (DD/MM/YYYY)

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

Telephone No.: 022 25505709

Mobile No.: 9819110533

Email ID : dr.vivasvan@live.com

MCI/STATE Registration No.: 2011/05/1568

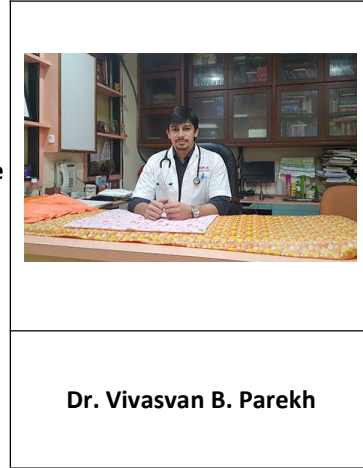
(MBBS) : MUHS (Nashik) Date : 2011 State: Maharashtra

*** Renewal status: Maharashtra Medical Council Validity up to: 23rd May 2021**

PAN No.: AQUPP0054B

EDUCATIONAL QUALIFICATIONS: (* Please attach relevant documents)

Sr.No.	Degree/ Diploma	Year of Passing	College / Institute	University / Board	Subject
01	* MBBS	2011	Terana Medical College	Mumbai	
02	* MD (Paediatric)	1983	M.G.M Medical College	Mumbai	Paediatric
03	*Diploma(-----)	Nil			



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	M G M Medical college	Resident	2.05.2011	01.05.2014	03	00
2	BPCH	Sr. Registrar	02.05.2014	31.12.2016	02	07
3	BPCH	Lecturer	01.01.2017	15.10.2019	01	10
4						
	Total Experience				7	05

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)	07	05	
	Total Experience	07	05	

Any other relevant information: Nil

Signature of teacher

(Dr. Parekh Vivasvan Bakul)

Annexure V

TEACHER'S DECLARATION & UNDERTAKING

Name :Dr.Vivasvan Bakul 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 **Lecturer** in **Bakul Parekh Childrens Hospital & Multispecialty Centre** from 02/05/2014 (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 30/09/1987 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 Vivasvan Bakul so 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. Vivasvan Bakul Parekh.)

Date: 15.10.2019