

राष्ट्रीय आयुर्विज्ञान आयोग
NATIONAL MEDICAL COMMISSION

आचार और चिकित्सा पंजीकरण बोर्ड
ETHICS & MEDICAL REGISTRATION BOARD

No. NMC/ EMRB/R-19022/01/2022/Ethics./

Date: 09.12.2022

To,

The Dean/Principal
All Govt. Medical College

Subject: Request for providing details of eligible Professors/Addl. Professor/Associate Professor- reg.

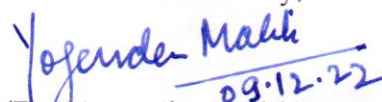
Sir/ Madam,

Ethics and Medical Registration Board of the National Medical commission is in the process of creating a panel of experts related to different fields of specialties viz Cardiology, Obs & Gynae, Oncology, Urology etc. to offer comments/opinion in the appeals made to EMRB against the decision of the State Medical Councils.

2. In this regard, it has been decided to seek details of eligible and willing teachers having 6 years or more of teaching experience on regular post.
3. Experts are supposed to study the appeal related documents and offer their comments on it within a prescribed time limit. A suitable fee as approved by NMC would also be given to them for providing opinion/comments in each case.
4. While forwarding the names it is to be ensured that the person should have integrity and uprightness and no vigilance case is pending or being contemplated against her/him.
5. You are requested to provide the information in their respect in the prescribed proforma which is enclosed herewith. The information can also be sent at ethics@nmc.org.in.

Thank you,

Your faithfully,


(Dr. Yogender Malik)
Member, EMRB

Encl: As above

Expert Appointment /Expression of Interest Proforma EMRB, NMC

Name of the College: _____

Note: It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee.

1. Name of Faculty: _____

2. Age & Date of birth: _____ (Years) ____ / ____ / ____

Attach a recent
passport size color
photograph with
signature and seal
of the Principal /
Dean across it

3. Present Designation: _____

a. Area of Specialization: _____

b. Special Interest within specialization: _____

c. Email: _____

d. Phone no. : _____

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a. Present: _____

b. Permanent: _____

5. Contact details:

a. Office telephone with STD code: _____

b. Residence telephone with STD code: _____

c. Mobile Phone Number: _____

d. Email address: _____

6. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
MBBS				
MDIMS				
DM/MCh				
PhD				

a. MD/MS subject: _____

b. DM/MCh subject: _____

c. PhD subject: _____

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

7. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident			--/--/--	--/--/--	__ (y) __ (m)
Senior Resident			--/--/--	--/--/--	__ (y) __ (m)
Tutor			--/--/--	--/--/--	__ (y) __ (m)
Asst. Professor			--/--/--	--/--/--	__ (y) __ (m)
Assoc. Professor			--/--/--	--/--/--	__ (y) __ (m)
Professor			--/--/--	--/--/--	__ (y) __ (m)

* Write NA (Not Applicable) for the designations not held

8. PAN Card Number:

9. Aadhar card Number:

10. Number of Research articles in Indexed Journals:

- International Journals: -----
- National Journals: -----
- State / Institutional Journals: -----

11. Details of other publications:

Number of Books published:

Number of Chapters in books:

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates/documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**

Date:

Place:

Signature (Head of Dept.)
with official seal

Signature (Head of Institute)
with official seal

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WILLINGNESS CUM CONFLICT OF INTEREST

I Dr. _____ hereby inform
that I am willing to be appointed as an expert in Appeal No. _____

_____ and offer my comments within the prescribed time limit.

2. I also declare that I don't know the doctor, the patient or any other party in this case and have no conflict of interest in offering my expert comments.

3. I acknowledge that the existence and the terms of this Willingness Cum conflict of Interest and any oral, written information or digitalized information exchanged from EMRB with reference to the preparation of opinion shall be regarded as confidential information.

4. I shall not disclose any confidential information to any third parties, disclosure of any confidential information by me and my staff members or agencies hired by me shall be deemed disclosure of such confidential information, which I shall be held liable for breach of this Willingness Cum conflict of Interest.

(Signature)

Date:

Name: _____

Place:

Designation: _____

Mobile No. _____

E-mail Id: _____