

# Government Medical College, Srinagar.

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## NOTICE

**Subject: NMC Panel of Experts of different specialties to offer comments/opinion in the appeals made to EMRB regarding the decision of the State Medical Councils: Request for providing details of eligible Professor/Addl. Professor/ Associate Professor - thereof.**

In continuation to this office Notice issued vide No. GMC/Acad/3642-52/MC, dated: 17/12/2022, regarding the subject cited above, it is once again notified for information to all Head of Departments of Government Medical College, Srinagar that this office has received a communiqué vide No. NMC/EMRB/R-19022/Ethics/ Dated: 09.12.2022, (Copy enclosed for ready reference) from National Medical Commission, wherein it is being intimated that Ethics and Medical Registration Board of National Medical Commission (NMC) is in the process of creating a panel of experts related to different fields of specialties to offer comments/Opinion in the appeal made to EMRB against the decision of the state Medical Councils. The concerned board seeks details of eligible and willing teachers having 06 Years or more experience for their comments/opinion.

In this connection, the desired/willing teachers of this institute, who want to give their comments/opinion, are requested to go through the said notice (attached) and submit the information as per the prescribed format to the office of the Principal/Dean, GMC Srinagar by or before 10<sup>th</sup> of January 2023.

*Jaini*

Principal/Dean

Govt. Medical College, Srinagar

No. GMC/Acad/ 4382-95/mc Dated: 7-01-23

Copy to the:

1. All HOD's, GMC Srinagar, for information and necessary action.
2. In-Charge IT Section, GMC Srinagar with the direction to upload the same on the official website of GMC Srinagar and forward the same to the all HOD's of GMC Srinagar, through their respective email addresses.
3. Office Record File.



## 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:

a. International Journals: \_\_\_\_\_

b. National Journals: \_\_\_\_\_

c. 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



राष्ट्रीय आयुर्विज्ञान आयोग  
NATIONAL MEDICAL COMMISSION

आचार और चिकित्सा पंजीकरण बोर्ड  
ETHICS & MEDICAL REGISTRATION BOARD

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: \_\_\_\_\_