

## ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi – 110 029

Dated:\_

## **APPLICATION FORM FOR VISITING FACULTY**

| 1. Name (in Capital Letters) :   |                      |                          |                        |                      |
|--|----------------------|--------------------------|------------------------|----------------------|
| 2. Father's Name :   |                      |                          |                        | Aff                  |
| 3. Date of Birth   | :                    |                          |                        | Pas                  |
| 4. Permanent Address   | :                    |                          |                        | Pho<br>Dul<br>by (   |
| 5. Correspondence Address  | :                    |                          |                        | Off                  |
| 6. Telephone/Fax No. & Email Ad  | ddress (if any):     |                          |                        |                      |
| <ol> <li>Contact (relative / Friend) Nan</li> <li>Citizenship :</li> </ol> |                      | id and phone number in   | case of any Emergency_ |                      |
| a. Passport No   |                      |                          | c. Issuing Auth        | nority               |
| (For Foreign Nationals only)   |                      |                          |                        |                      |
| 9. Academic Qualification (Gradu   | late/Post Graduate): | :                        |                        |                      |
| 10 .Sponsored by (Please $\checkmark$ one of                               | only): University/C  | College Hospital/Institu | tion Defence Personnel | Short- term Training |
| 11. Sponsoring Authority Name:   |                      |                          |                        |                      |
| 12. Sponsoring Authority Status :  |                      |                          |                        |                      |
| 13. Working Experience ( if any)   | : Government/Autor   | nomous Bodies (Govern    | ment Funded)/Defence S | ervices only.        |
| 14. If Employed/Working :  |                      |                          |                        |                      |
| (Name of Current Post / Design   | nation Held & Date   | of Joining the Post)     |                        |                      |
| 15. Working as Regular / Tempora   | ary / Ad-hoc / Contr | ract / Practitioner : -  |                        |                      |
| 16. Specific Period & Dates of Tra<br>From:T                               | 0                    |                          |                        |                      |
| (Period/Duration of Training (<br>17. Discipline/Department :              |                      |                          |                        |                      |
| (Name of the Department in w   |                      |                          |                        | ed)                  |
| Specify name of course if app  |                      |                          |                        |                      |
| 18. Brief (300 words) on reasons f   |                      |                          |                        |                      |
|  |                      |                          |                        |                      |
|  |                      |                          |                        |                      |

DECLARATION: I do hereby declare that the information furnished above is true and correct to the best of my knowledge and I shall abide by the rules and regulation of the AIIMS and I will not use this training/observership for advertisement on letter head, visiting card, name plate etc

No. F. \_

## REVISED GUIDELINES FOR VISITING FACULTY AT AIIMS FOR FACULTY FROM ACADEMIC INSTITUT ABROAD OR GOVERNMENT ACADEMIC INSTITUTIONS WITHIN INDIA

- 1. Visiting Faculty who are holding academic positions in Government institution within India or academic outside India will be considered for Visiting Faculty at AIIMS.
- 2. Faculty invited should be having professional recognition of eminence by work.
- 3. No financial obligation would devolve on part of the Institute.
- 4. The duration of Visiting Faculty can be maximum upto 3 months.
- 5. The nominations will be submitted along with detailed CV and justification for inviting by the concerned Department, Dean or Director.
- 6. A Committee under the Chairmanship of Dean (Academic) and one senior Professor as member a (Academics) as Member-Secretary will examine such requests.
- 7. The visiting faculty can be involved only in the academic activities of the Department and no patient care be allowed. In case Visiting Faculty is likely to be involved in patient care activity, it will be clearly s nomination and HOD will specifically recommend the role of the visiting faculty and approval of Director will be required. In case of foreign graduates due permission of MCI/DCI may be taken in such cases.
- 8. The number of visiting faculty should be restricted to one per department at any given time.
- 9. The name of visiting faculty should be discussed by the faculty members of the department by conser least 50 per cent of the faculty of the department.
- 10. The HOD should ensure the presence of visiting faculty in the department.
- 11. Indian graduates who are invited as visiting faculty should have valid MCI registration.
- 12. No accommodation will be provided to visiting faculty at AIIMS.
- 13. Foreign Nationals should have a Valid Travel Visa and a Valid Travel Medical Insurance. The visit of fore is subject to clearance from Ministry of External Affairs and only once they receive a confirmed letter of Academic Section should they report to AIIMS.

The visiting faculty has to sign an undertaking at the time of commencement of his/her training regarding his/ her co role and responsibilities during the observership. The visiting faculty also has to sign an undertaking before joining the not use this training/ observership for advertisement on letter head, visiting card, name plate etc.

(Authority: Academic Committee vide Agenda Item No.AC-114/50 in its meeting held on 16<sup>th</sup> J Governing Body Agenda Item No.GB-153/8 in its meeting held on 22.06.2016.)