**To be completed on an official letter head of the applicant Medical College**

**Annexure – FT – MCI**

**UNDERTAKING FOR FULL TIME FACULTY**

It is to confirm hereby that following faculty/Consultant(s) is/are working as full time faculty/consultant in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_department (Name of Applicant department) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Applicant Medical College):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name & Designation** | **PG Qualification in the specialty** | **\* Whether the qualification recognized as per IMC Act (Yes/N0)** | **Total Professional Exp. after PG in the specialty** | **Primary Place of Practice** | **Other Institutional Attachments (If any)**  | **Signature of the faculty** |
|  |  |  |  |  |  |  |
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\* The qualifications which are duly recognized as per provisions of section 11(2) of Indian Medical Council (IMC) Act, duly notified by Government of India, are the only valid & recognized qualifications for being a faculty/specialist of DNB/FNB courses.

It is also to confirm that the above-mentioned department at this medical college is the principle place of practice of aforementioned faculty/consultant(s) and they have no other institutional attachment/affiliation except their own private practice in a nonacademic independent setup. *Further, they have not been shown as a DNB faculty for seeking accreditation of any other department in the hospital / institute concurrently.*

The aforesaid faculty members are surplus in the department and have not been counted as teaching faculty towards any MCI recognized seats at this medical college or elsewhere. Further, the aforementioned consultants have consented for being a faculty for DNB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Programme in the department. The department has surplus patient load and facilities to meet minimum NBE accreditation norms over and above required for MCI recognized seats, if any in the department. The applicant medical college has gone through the information bulletin for accreditation with NBE and hereby agrees to impart DNB training to DNB trainees as per prescribed NBE guidelines.

**Date:**

**Place:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature with official stamp of Head of the Institute (Dean/Principal)**

(Authorized signatory to submit this undertaking on behalf of applicant Medical College)