

DIRECTORATE OF MEDICAL EDUCATION & TRAINING, ODISHA

Heads of Department Building, Bhubaneswar, 751001, Tel No. 0674-2393847, 2394255, E-Mail: dmetbbsr4@gmail.com www.dmetodisha.gov.in

NO. 1332

Bhubaneswar Dtd.

2 9 JAN 2024

From

Prof. (Dr.) S.N. Mohanty

MET-II-MISC-165/23

Director, Medical Education and Training, Odisha Training, Odisha

To

The Dean & Principal/ Superintendent All Government Medical College & Hospital, Odisha The Director PGIMER & CH, Bhubaneswar

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Sub: Submission of valid publications and other related documents for the upcoming DPC /TBCA :-Regarding

Madam/Sir,

With reference to the subject cited above, I am directed to inform all eligible medical college teachers belonging to the OMES cadre to submit their valid research publications for the upcoming DPC/TBCA.

The publications submitted by the faculty members should adhere to the Minimum Qualifications for Teachers' in Medical Colleges or Institutions' Regulations, as outlined by the National Medical Commission (NMC) on February 22, with a required residency period of 3 years as Associate Professor and 4 years as Assistant Professor for broad and a residency period of 2 years as Associate Professor and 4 years as Assistant Professor for Super-speciality departments, respectively, by December 31, 2023. Additionally, faculty members are required to attach certificates of completion for Basic Course in Biomedical Research (BCBR) and Basic Course in Medical Education (BCME), and technology from institutions designated by NMC guidelines. Furnishing any incorrect or falsified proof of index by the faculty members will be considered forgery and will result in punitive action against such faculties.

The Dean and Principal of the Medical College and Hospital (MCH) are hereby requested to evaluate and assess the received publications by a committee constituted at the MCH level, following the aforementioned regulations, and submit only the valid and eligible ones to this Directorate on or before 5 p.m. on February 3, 2024, via email at tbcadmet@gmail.com or through a special messenger.

All concerned authorities are directed to circulate this notice among all faculty members. The faculty members within the OMES cadre who are eligible for promotion to Associate Professor or Professor must provide their details using the specified format. (Copy enclosed).

The faculty members are strictly prohibited from directly submitting their research publications to this directorate under any circumstances. A copy of this notice should also be made available on the official websites of each college to facilitate widespread circulation among all concerned.

This may be treated urgently.

Yours sincerely

Director of Medical Education & Training, Odisha

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Memo No: 1333 Dated: 2 9 JAN 2024

Copy forwarded to the PS to Commissioner-cum-Secretary to Government of Odisha, H&FW Department, Bhubaneswar for kind appraisal to the Commissioner-cum-Secretary.

Director of Medical Education & Training, Odisha

Memo No: 1334 Dated: 29 JAN 2024

Copy forwarded to the Additional Secretary to Government of Odisha, H&FW Department, Bhubaneswar for information.

Director of Medical Education & Training, Odisha

Memo No. 1024 /Dt. 30 01 24

Copy along with DMET Odisha Letter No.1352 Dt.30.01.2024 forwarded to the all Prof. & HODs, S.C.B. Medical College, Cuttack for information & necessary action, with a request you to circulate among the concerned faculties of his/her Department and furnish the list of publication in **New Prescribed Format Submitted by Directorate (Form enclosed)** in duplicate in following manner of the concerned faculties to this Office directly to the D/A Gazetted: I establishment on or before **02.02.2024 positively** for further action at this end.

- 01. Forwarding application addressed to the Dean & Principal- 01 copy
- 02. Prescribed format duly filled in 02 Copy
- 03. Self Declaration Certificate 01 copy
- 04. Acknowledgement receipt of Property statement- 01 copy
- 05. Xerox copy of BCBR Certificate- 01 copy
- 06. Xerox copy of MET Training 01 copy
- 07. Self attested Details of Research Publication- 01 copy each

Copy forwarded to the Superintendent, SCBMCH/SVPPGIP, Cuttack for information & necessary action.

Dean and Principal CB Medical College, Cuttack

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By Email

DIRECTORATE OF MEDICAL EDUCATION & TRAINING, ODISHA

Heads of Department Building, Bhubaneswar, 751001, Tel.0674 2393847, FAX-0674 2391814

No. MET-II-MISC-165/23 1352

Dated 3 0 JAN ZULY

Bhubaneswar

From,

Prof. (Dr.) Sachidananda Mohanty Director, Medical Education & Training, Odisha

To,

All Dean & Principals / Superintendents
All Govt. Medical College & Hospital of the State
The Director PGIMER & CH, Bhubaneswar.

S. C. No.:	B. MEDICAL COLLEGE
Dt:_	0. 1 111
	CUTTACK

Sub: Submission of valid publications and other related documents for the upcoming DPC/TBCA -Reg.

Ref: This Directorate Letter No 1332 Dtd 29.01.2024

Madam/Sir,

With reference to the letter & subject cited above, it is to inform you that the stipulation of residency period for Associate Professors and Assistant Professor for super specialty departments mentioned in the aforesaid letter under reference, in 2 nd para: may be read as "a residency period of 3 years as Associate Professor and 2 years as Assistant Professor for Super-specialty departments, respectively, by December 31,2023" instead of a residency period of 2 years as Associate Professor and 4 years as Assistant Professor for Super-specialty departments respectively, by December 31,2023. All other items remain unaltered.

This is for your kind information & necessary action.

Director Medical Education & Training, Odisha dt. 3 0 JAN 2024

Copy forwarded to the P.S. to Commissioner cum Secretary to Government of Odisha, H&FW Department, Bhubaneswar for kind appraisal to the Commissioner cum Secretary.

Director of Medical Education & Training, Odisha

Memo No. 1354 //

Memo No. 1353 11

dt. 3 U JAN 2024 11

Copy forwarded to the Additional Secretary to Government of Odisha, H&FW Department, Bhubaneswar for kind information.

Director of Medical Education & Training, Odisha

FORMAT FOR SUBMISSION OF INFORMATION REGARDING PUBLICATION FOR TIME BOUND CARRIER ADVANCEMENT NAME OF THE MEDICAL COLLEGE AND HOSPITAL

Signature of the Dean & Principal	Sign	nber	Sign Member		Sign Member	Sign N		Sign Member	Sign
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