

प्राचार्य का कार्यालय  
श्री कृष्ण चिकित्सा महाविद्यालय  
मुजफ्फरपुर

ज्ञापांक-----/

मुज0, दिनांक-----/

सेवा में,

सभी विभागाध्यक्ष क्लिनिकल/पारा क्लिनिकल  
प्रभारी प्राध्यापक प्रशासन  
बरसर  
E State Officer  
विशेष कार्य पदाधिकारी  
श्री कृष्ण चिकित्सा महाविद्यालय, मुज0

विषय:- अखिल भारतीय उच्च शिक्षा सर्वे वर्ष 2016-17 का इस महाविद्यालय का ऑकड़ा  
विहित प्रपत्र DCF-11 में Online Entry करने हेतु डाटा उपलब्ध कराने के  
संबंध में।

महाराज,

उपरोक्त विषयक संबंध में कहना है कि आर्यभट नोलेज विश्वविद्यालय, पटना के  
निदेशानुसार वर्तमान में अखिल भारतीय उच्च शिक्षा सर्वे 2016-17 हेतु अपने महाविद्यालय का  
ऑकड़ा प्रपत्र DCF-11 में (अक्टूबर, 2015 से 30 सितम्बर 2016 तक की स्थिति के अनुसार)  
Online Entry करना है।

अतः आपसे अनुरोध है कि अपने-अपने विभाग से संबंधित DCF-11 में (अक्टूबर,  
2015 से 30 सितम्बर 2016 तक की स्थिति के अनुसार) Online Entry करने हेतु डाटा पॉच  
दिनों के अन्दर उपलब्ध कराना सुनिश्चित करें। ताकि स-समय डाटा भरकर अपलोड किया जा  
सकें।

DCF-11 Form इस संस्थान के बेवसाइड पर उपलब्ध है।

इसे सर्वोच्च प्राथमिकता दिया जाय।

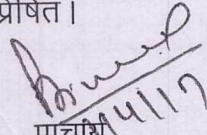
प्राचार्य  
श्री कृष्ण चिकित्सा महाविद्यालय,  
मुजफ्फरपुर

ज्ञापांक 669/17 /

मुज0, दिनांक 01-04-17

प्रतिलिपि:- लेखापाल/राजपत्रित शाखा/अराजपत्रित शाखा/छात्र शाखा प्रभारी, आई.टी.सेक्शन,  
श्री कृष्ण चिकित्सा महाविद्यालय, मुज0 को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित  
करते हुए कहना है कि DCF-11 Form के अनुसार संबंधित डाटा शीघ्रता से  
उपलब्ध कराया जाय।

प्रतिलिपि:- अधीक्षक, श्री कृष्ण चिकित्सा महाविद्यालय, मुज0 को सूचनार्थ प्रेषित।

  
प्राचार्य  
श्री कृष्ण चिकित्सा महाविद्यालय,  
मुजफ्फरपुर



# ALL INDIA SURVEY ON HIGHER EDUCATION

TEACHER INFORMATION FORMAT

For

College Institution

YEAR : 2016 - 2017



Ministry of Human Resource Development  
Department of Higher Education  
New Delhi

gjurjan.gov.in

गुरुजान शासक  
www.gjurjan.gov.in



1. Name of the University/ Institution
2. (i) Postal Address Line 1:
- (ii) Postal Address Line 2:
- (iii) Pin Code:
3. State:
4. District:

Sri Krishna Medical College and Hospital									
Muzaffarpur									
Uma Nagar									
8	4	2	0	0	4				
Bihar									
Muzaffarpur									

Block A: BASIC INFORMATION

Block B: TEACHING STAFF INFORMATION

**Important Instructions:**  
Please ensure that the list of Faculty/Department is up to date before proceeding with data entry.  
The Head of Institution such as Principal, Director, Vice-Chancellor, Principal in-charge etc should be filled inside the Blank Faculty-Department Block.

**General Instructions:**

All Dates should be entered in DDMMYYYY format. Please ensure that the date of the computer system on which data entry is being carried out has current date.  
All fields with "\*" are mandatory and fields which are pre-populated are marked with \*\*\*.  
The selection of Faculty and Department is as per list uploaded by the Institutions in their respective DCF of latest survey year. One additional item is added as 'Others' in the list of Faculty and Department.  
Mobile number (Column No. 4) is mandatory for all the States except North Eastern States.  
Date of Joining Institute (Column No. 11), Date of Joining Teaching Profession (Column No. 12) and Date of Change in Job Status (Column No. 19, if applicable) should be greater than Date of Birth (Column No. 5).

Age: = Persons with Disability

List of Faculty & Departments

Faculty / School Name	
1	
Sr.no.	Name of the Departments / Centres
1	MBBS
2	PG Pathology
3	PG Physiology



4	PG Anatomy
5	PG PSM
6	PG Pharmacology
7	PG Medicine

Faculty Name \_\_\_\_\_ Department Name \_\_\_\_\_

Sl. No.	Name of the employee	Designation	Gender	Aadhar Number	Date of Birth (DDMM/YYYY)	Social Category	Religious Community	PWD	Nature of Appointment	Selection Mode	Date of Joining the Institution	Date of joining teaching profession	Highest Qualification	Additional/Eligibility Qualification	Broad Discipline Group Category	Broad Discipline Group	Number of years spent exclusively in teaching job	Job Status	Date of change in status	Email	Mobile
1								No	Regular	Direct											

Faculty Name \_\_\_\_\_ Department Name \_\_\_\_\_

Sl. No.	Name of the employee	Designation	Gender	Aadhar Number	Date of Birth (DDMM/YYYY)	Social Category	Religious Community	PWD	Nature of Appointment	Selection Mode	Date of Joining the Institution	Date of joining teaching profession	Highest Qualification	Additional/Eligibility Qualification	Broad Discipline Group Category	Broad Discipline Group	Number of years spent exclusively in teaching job	Job Status	Date of change in status	Email	Mobile
1								No	Regular	Direct											

Faculty Name \_\_\_\_\_

Department Name \_\_\_\_\_



Sl. No.	*Name of the employee	*Designation	*Gender	*Aadhar Number	*Date of Birth (DDMM/YYYY)	*Social Category	*Religious Community	*PWD	*Nature of Appointment	*Selection Mode	*Date of Joining the Institution	*Date of joining teaching profession	*Highest Qualification	*Additional/Eligibility Qualification	*Broad Discipline Group Category	*Broad Discipline Group	*Number of years spent exclusively in other than teaching job	*Job Status	*Date of change in status	*Email	*Mobile
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
1								No	Regular	Direct								Continue			

Faculty Name

Department Name

 PG Physiology

Sl. No.	*Name of the employee	*Designation	*Gender	*Aadhar Number	*Date of Birth (DDMM/YYYY)	*Social Category	*Religious Community	*PWD	*Nature of Appointment	*Selection Mode	*Date of Joining the Institution	*Date of joining teaching profession	*Highest Qualification	*Additional/Eligibility Qualification	*Broad Discipline Group Category	*Broad Discipline Group	*Number of years spent exclusively in other than teaching job	*Job Status	*Date of change in status	*Email	*Mobile
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
1								No	Regular	Direct								Continue			

Faculty Name

Department Name

 PG Anatomy

Sl. No.	*Name of the employee	*Designation	*Gender	*Aadhar Number	*Date of Birth (DDMM/YYYY)	*Social Category	*Religious Community	*PWD	*Nature of Appointment	*Selection Mode	*Date of Joining the Institution	*Date of joining teaching profession	*Highest Qualification	*Additional/Eligibility Qualification	*Broad Discipline Group Category	*Broad Discipline Group	*Number of years spent exclusively in other than teaching job	*Job Status	*Date of change in status	*Email	*Mobile
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
1								No	Regular	Direct								Continue			

Faculty Name

Department Name

 PG PSM



Sl. No.	Name of the employee	Designation	Gender	Aadhar Number	Date of Birth (DD/MM/YYYY)	Social Category	Religious Community	PWD No	Nature of Appointment	Selection Mode	Date of joining the institution	Date of joining teaching profession	Highest Qualification	Additional/Eligibility Qualification	Broad Discipline Group Category	Broad Discipline Group	Number of years spent exclusively in other than teaching job	Job Status	Date of change in status	Email	Mobile
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	
1								No	Regular	Direct								Continue			

Faculty Name

Department Name PG Pharmacology

Sl. No.	Name of the employee	Designation	Gender	Aadhar Number	Date of Birth (DD/MM/YYYY)	Social Category	Religious Community	PWD No	Nature of Appointment	Selection Mode	Date of joining the institution	Date of joining teaching profession	Highest Qualification	Additional/Eligibility Qualification	Broad Discipline Group Category	Broad Discipline Group	Number of years spent exclusively in other than teaching job	Job Status	Date of change in status	Email	Mobile
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	
1								No	Regular	Direct								Continue			

Faculty Name

Department Name PG Medicine

Sl. No.	Name of the employee	Designation	Gender	Aadhar Number	Date of Birth (DD/MM/YYYY)	Social Category	Religious Community	PWD No	Nature of Appointment	Selection Mode	Date of joining the institution	Date of joining teaching profession	Highest Qualification	Additional/Eligibility Qualification	Broad Discipline Group Category	Broad Discipline Group	Number of years spent exclusively in other than teaching job	Job Status	Date of change in status	Email	Mobile
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	
1								No	Regular	Direct								Continue			

Designation wise Sanctioned Strength [Please Enter Sanction Strength against each Designation]



Designation	Sanctioned Strength	In Position
ALL		

Check Form

Modify

Save

Note 1: After filling the complete form, please click on "Check Form" button. Form can be attached in the main DCF only when the message "Check Form Passed" appears on the screen.  
 Note 2: This form should be attached in the Attachments' Block of main DCF. Please upload the main DCF in the AISHE Portal.