

**NAME OF THE COLLEGE:** KERALA MEDICAL COLLEGE

Date of Assessment	Remarks
Accepted? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

**DECLARATION FORM : 2017 - 2018 - FACULTY**

1.(a) Name K. NITHIYANANTHAN

1.(b) Date of Birth & Age 18-12-1949, 66 years

1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
Passport copy / PAN Card / Voter ID / Aadhar Card

Number ABQ1306943 Issued by ELECTION COMMISSION OF INDIA



Note: 1) Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty. 2) Original Certificates are mandatory for verification. All Certificates/Documents/Certified Translations, must be in English

1.(d) i. Present Designation: MEDICAL SUPERINTENDENT & PROFESSOR.

1.(d)(i)a Certified copies of present appointment order at present institute attached.

1.(d)ii. Department: GENERAL GENERAL SURGERY.

1.(d) iii. College: KERALA MEDICAL COLLEGE

1.(d)iv. City: CHERPULLASSERY

1.(d) v. Nature of appointment: Regular /  Contractual.

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 2015

1.(d)vii Whether appeared in Last MCI - UG/PG Assessment in the same Institute -  Yes/No

1.(d)viii Whether appeared in Last MCI - UG/PG Assessment on same Designation -  Yes/No

1.(e) Residential Address of employee :

SHABNAM

APPARTMENTS, CHERPULASSERY

Signature of Faculty

Signature of Dean

1.(f) Have you undergone Training in "Basic Course Workshop" at MCI Regional Centre in MET or in your college under Regional Centre observership?

Yes

No

If yes, give details.

Name of MCI Regional Centre where Training was done/If training was done in college, give the details of the observer from RC	Date and place of training

1.(g) Copy of Passport/Voter Card/ Electricity Bill/Landline Telephone Bill / Aadhar Card / attached as a proof of residence. Yes/No

1.(h) Contact Particulars: Tel (Office): 0466-2018102 (with STD code)

Tel (Residence): 9486638411 (with STD code)

E-mail address: nithiyananthan\_k@yahoo.com

Mobile Number: 9486638411

1.(i) Date of joining present institution : 27.10.2016 as MEDICAL SUPERINTENDENT

1.(j) Joining report at the present institute attached - Yes/No

2. Qualifications :

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Stanley Medical College, Chennai.	MADRAS UNIVERSITY	1973	23775 UG.-1973. PG.-1984	TAMIL NADU MEDICAL COUNCIL
MD/MS/DNB / PhD GENERAL SURGERY	STANLEY MEDICAL COLLEGE CHENNAI	MADRAS UNIVERSITY	1984		TAMILNADU MEDICAL COUNCIL
DM/M.Ch. ( )	-	-	-	-	-

Note: For PG-Post PG qualification additional Registration certificate particulars be furnished and subject be indicated within brackets after scoring out whichever is not applicable.

2.(a) Copy of Degree certificates of MBBS and PG degree attached - Yes/No

DECLARATION

1. I, Dr. K. NITHIYANANTHAN am working as MEDICAL SUPERINTENDENT in the Department of \_\_\_\_\_ at KERALA MEDICAL COLLEGE Medical College and do hereby give an undertaking that I am a full time teacher in \_\_\_\_\_, working from 9 A.M. to 4 P.M. daily at this Institute.
2. I have not presented myself to any other Institution as a faculty in the current academic year for the purpose of MCI assessment.
3. I am not having private practice anywhere  OR ~~I am practicing at \_\_\_\_\_ in the city of \_\_\_\_\_ and my hours of practice are \_\_\_\_\_ to \_\_\_\_\_.~~ Further I state that I am not doing any Private Practice or not working in any other hospital during college hours.
4. Complete details with regard to work experience has been provided & nothing has been concealed by me.
5. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Indian Medical Register).

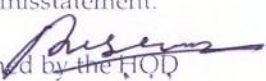
  
SIGNATURE OF THE EMPLOYEE

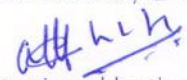
Date: 27-10-2016  
Place: CHERPULLASSERY

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the above mentioned declaration as true and correct. **I have verified the certificates / documents submitted by the candidate with the original certificates/documents as submitted by the teacher to the Institute and with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that Dr. K. NITHIYANANTHAN is not practicing or carrying out any other activity during college working hours i.e. from 9AM to 4PM, since he/~~she~~ has joined the Institute.
3. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/~~herself~~ for any such misdeclaration or misstatement.

Date: 27.10.16  
Place: Mangode

  
Signed by the HOD

  
Countersigned by the  
Director/Dean/Principal