

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

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

**DECLARATION FORM : 2017 - 2018 - RESIDENT (SR/JR)**

1.(a) Name: Dr. JIKKU JACOB SUNN

1.(b) Date of Birth & Age: 05/02/1992 Age: 24

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



Number: TQL0317917 Issued by Govt. 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.(c) i. Present Designation: Junior Resident

1.(d) ii. Department: Gen Medicine

1.(d) iii. College: Kerala Medical College

1.(d) iv. City: Chempulassery

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment \_\_\_\_\_

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

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

1.(e) i. Campus Address of Resident: RQ 27B

Umr Campus

Chempulassery

  
Signature of Resident

  
Signature of Dean

1.(e)ii. Permanent Address of Resident:  
Chalappillil (H)  
P.O. Alagappanagar  
Thirissur, Pin- 680 302

1.(f) Copy of Room Allotment Letter as proof of residence.

1.(g) Contact Particulars: Tel (Office): 0466-2018102 (with STD code)  
 Tel (Residence): 0480-2753434 (with STD code)  
 E-mail address: jkkuj592@gmail.com  
 Mobile Number: 9400653434

1.(h) Date of joining present institution: 18/11/2016 as Junior Resident

1.(i) 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	Govt Medical College Calicut	Kerala University of Health Sciences	2010 - 2016	591307 Date: 24/10/16	Tiruvananthapuram Cochin Medical Council
MD/MS/DNB ( )					
DM/M.Ch. ( )					

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

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

3. Details of the teaching experience till date.

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident 1		Kerala Medical College	18/11/16		
Junior Resident 2					
Junior Resident 3					
Senior Resident					

4.(a) Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after \_\_\_\_\_

resigning (Relieving order is enclosed from the previous institution).

5. I have drawn total stipend from this college in the current financial year as under:

Month	Amount Received
April 2016	
May 2016	
June 2016	
July 2016	
August 2016	
September 2016	
October 2016	
November 2016	
December 2016	
January 2017	
February 2017	
March 2017	

#### DECLARATION

1. I, Dr. JIKU JACOB SUNNY am working as JUNIOR RESIDENT in the Department of Gen. medicine at KERAZA Medical College and do hereby give an undertaking that I am a Regular Resident in Gen Medicine, and am staying in Room No. 27B in the Residents' Hostel in the college premises. Further, I state that I am not doing any Private practice or not working in any other hospital also.