

**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 - RESIDENT (SR/JR)**

1.(a) Name... PAT. HADG. RAMESH K. M. BABAN RAO.....

1.(b) Date of Birth & Age ... 11-12-1984, 31 Yrs......

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



Number ... 59408279809 ... Issued by Govt. of Kerala

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: Senior Resident

1.(d) ii. Department: Anaesthesiology

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

1.(d) iv. City: Chengambur

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 16-12-15

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 : No. 21-B,

Resident's Qtrs, KMC Campus

Mangaluru

  
Signature of Resident

  
Signature of Dean



1.(e)ii. Permanent Address of Resident:  
B-27, Chaudhari Heritage, Beed Bypass  
road, Satara area, Aurangabad,  
Maharashtra.

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

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

Tel (Residence): \_\_\_\_\_ (with STD code)

E-mail address: patbade.sam2k7@gmail.com

Mobile Number: 9746626275, 9562119862

1.(h) Date of joining present institution : 2-11-15 as senior 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	S.R.T.R Medical College Ambajogai	M.U.H.S Nashik Maharashtra	<del>2008</del> 2008	2009031028	Maharashtra Medical Council (MMC)
MD/MS/DNB ( ) Anaesthesia	Lisie Hospital Kochi	National Board of Examination Delhi	2014	2009031028	MMC (in process)
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					
Junior Resident 2					
Junior Resident 3					
Senior Resident	Anaesthesia	KMC	02-11-2017	Till date	

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	6300/-
May 2016	6300/-
June 2016	6300/-
July 2016	6300/-
August 2016	6300/-
September 2016	6300/-
October 2016	
November 2016	
December 2016	
January 2017	
February 2017	
March 2017	

DECLARATION

1. I, Dr. P. H. Ramesh Babu am working as SR in the Department of Anaesthesia at Kesula Medical College and do hereby give an undertaking that I am a Regular Resident in Anaesthesia, and am staying in Room No. 21-B 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.