

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

1.(a) Name..... ASIM. P. A

1.(b) Date of Birth & Age 22/02/1988

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

Number 9930 8601 3155 Issued by Const. 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: SENIOR RESIDENT

1.(d) ii. Department: ENT

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

1.(d) iv. City: CHERUPLASSERY

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. 9A RESIDENTIAL QUARTERS

KERALA MEDICAL COLLEGE CAMPUS.


Signature of Resident


Signature of Dean
PRINCIPAL
Kerala Medical College
Cheruplassery, Palakkad

1.(e)ii. Permanent Address of Resident:

PERAKATH HOUSE, VAZHIVAMBALAM
KAIPAMANGALAM. PO. TRICHUR - 680681

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

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

Tel (Residence): 9495973528 (with STD code)

E-mail address: drasimpa@yahoo.com

Mobile Number: 9495973528

1.(h) Date of joining present institution : 01.10.16 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	Jubilee Mission Medical College	Cochin University	2013	47316 28/01/13	Travancore Cochin Medical College
MD/MS/DNB (ENT)	Meenakshi Medical College	Meenakshi University	2016	112874 15/7/15	Tamilnadu Medical Council
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	Neuro Surgery.	Tubli. M.C	01/01/13	01/5/13	4 months
Junior Resident 2	ENT	Meenakshi Medical College	27/5/13	30/4/16	3 years.
Junior Resident 3					
Senior Resident					

4.(a) Before joining present institution I was working at Meenakshi Medical College as Junior resident and relieved on 30/4/16 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. Asim. P.A am working as Senior Resident in the Department of ENT at Kancla Medical College and do hereby give an undertaking that I am a Regular Resident in ENT, and am staying in Room No. 9A 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.