

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 Dr. Udayaravi M.P
1.(b) Date of Birth & Age 12/04/1986, 30 yrs
1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card.
Number 3796 1143 8645 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.(d) i. Present Designation: Senior Resident
1.(d) ii. Department: General Surgery
1.(d) iii. College: Kerala Medical College Hospital
1.(d) iv. City: Mangode, Cherpuvally, Palakkad (dist)
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 :
R.O. 10.B
KMC Campus

Udayaravi M.P
Signature of Resident

[Signature]
Signature of Dean

1.(e)ii.

Permanent Address of Resident:

#102, Shabavana Apartment, MSR College Road,
MATHIKERE, Bangalore - 560054

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

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

Tel (Residence): 7795180034 (with STD code)

E-mail address: Udayahavi-40@yahoo.co.in

Mobile Number: 7795180034

1.(h) Date of joining present institution: 1/10/2016 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	VIMS, Bellary, Karnataka	RGUHS	2010	88081/ 5-4-2010	Karnataka Medical Council
MD/MS/DNB ()	BMCR, Bangalore	RGUHS	2014	88081 05-2-2014	Karnataka 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					
Junior Resident 2					
Junior Resident 3					
Senior Resident	General Surgery	M.S. Ramaiah Medical College	01/07/2015	17/09/2016	1 year 3 months

4. (a) Before joining present institution I was working at M.S. Ramaiah Medical College as Senior Resident and relieved on 17/09/2016 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. Idayakavi M.P am working as Senior Resident in the Department of General Surgery at Kerala Medical College and do hereby give an undertaking that I am a Regular Resident in Kerala Medical College Hospital and am staying in Room No. 10 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.