

NAME OF THE COLLEGE: Kerala Medical college, Mangode

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

DECLARATION FORM : 2017 - 2018 - FACULTY

- 1.(a) Name DR. SASIDHARAN. E.V.
- 1.(b) Date of Birth & Age 14-11-1956. 59yrs. 1/2m.
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
Number Issued by



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: Professor of Physiology
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: Physiology
- 1.(d) iii. College: Kerala Medical college
- 1.(d)iv. City: Mangode, Palakkad
- 1.(d) v. Nature of appointment: Regular / Contractual.
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment _____
- 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 : Eranezhath house
Arimbur P.O, Thrissur

Signature of Faculty Dr. Sasidharan E.V.

Signature of Dean
PRINCIPAL
Kerala Medical College
Cherpulassery, Palakkad

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 OBSERVER MCI NCFD. GMC. Kollayam	Date and place of training 20-22nd July 2015. SNIAMS, Chalacka, Ekn.
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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): 0482-2312243 (with STD code)

Tel (Residence): _____ (with STD code)

E-mail address: saidharentrev@gmail.com

Mobile Number: 9447421466

1. (i) Date of joining present institution : 5-10-2016 as Professor HOD
(Oct. 5, 2016)

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	<u>Govt Med. college Calicut</u>	<u>Calicut Uni.</u>	<u>1983</u>	<u>432</u> (TCMC Regn. 13480)	<u>TCMC Kerala.</u>
MD/MS/DNB /PhD ()	<u>Govt Med. college Calicut</u>	<u>Calicut Uni.</u>	<u>Nov 2000</u>	<u>829</u> (TCMC Regn. 13480)	<u>TCMC Kerala</u>
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

2. (b) Copy of Registration of MBBS and PG degree attached - Yes/No

3 (a). Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/ Demonstrator	6-4-90 Physiology	Govt. 11-97 MC. Thiruvananthapuram	6-4-90 11-11-2000	10-11-97 2-10-2001	7 yrs. 11/25
Registrar/ Senior Resident/ Resident	Physiology	SPMC Calicut (Tutor Trainee)	11-11-97	10-11-2000	3 yrs.
Assistant Professor	Physiology	Asst Prof at SPMC-Thiruvananthapuram	3-10-2001	14-11-2006	5 yrs-1/12
Associate Professor	Physiology	MES Dodeca of Colg. Perinthol Munich	17-11-2006	30-11-2010	4 yrs
Professor	Physiology	MES MC. Perinthol SNIMS Chalakkal ERAM	1-12-2010 27-5-2015	4-10-2014 4-10-2016	3 yrs 9/12 1 yrs 4/12

Note:- Tutor/Senior Residents working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permitted medical institute as a Resident.

3(b). To be filled in by Ex Army Personnel only:

S.No.	Designation	Institution	Period	
			From	To
1.	Graded Specialist			
2.	Classified Specialist			
3.	Advisor			

Note: Have you been considered in any UG/PG inspection at any other institution/medical college during last 3 years. If yes, please give details.

4. (a) Before joining present institution I was working at SNIMS, Chalakkal as Professor of Physiology and relieved on 4-10-2016 after resigning / retiring (Relieving order is enclosed from the previous institution).