

**NAME OF THE 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. MARIA JEROME .....

1.(b) Date of Birth & Age ... 29/10/1986 ... 29 YRS .....

1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
Passport copy / PAN Card / Voter ID/Aadhar Card.  
Number ... G 9189544 ..... 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: OBSTETRICS & GYNAECOLOGY

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

1.(d)iv. City: CHERPULASSERY, PALAKKAD

1.(d)v. Date of appearance in Last MCI -  UG/PG/Any Other Assessment APRIL 2016

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 14 A KMC CAMPUS  
CHERPULASSERY

Maria  
Signature of Resident

[Signature]  
Signature of Dean

1.(e)ii. Permanent Address of Resident:  
SHADATHIL HOUSE, PANNOOR P.O, KARIMANNOOR  
CHODUPUZHA - 685581

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

1.(g) Contact Particulars: Tel (Office): \_\_\_\_\_ (with STD code)  
 Tel (Residence): 0486 2272800 (with STD code)  
 E-mail address: mariajerome555@gmail.com  
 Mobile Number: 9567959210

1.(h) Date of joining present institution : 27/10/2016 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	MADURAI MEDICAL COLLEGE MADURAI	DR.M.G.R MEDICAL UNIVERSITY TAMILNADU	2005-2011	43735 27/10/2011	THE TRAVANCORE COCHIN COUNCIL OF MODERN MEDICINE
MD/MS/DNB ( DGO )	KOTTAYAM MEDICAL COLLEGE	KERALA UNIVERSITY OF HEALTH SCIENCES	2012-2014		
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	OBG	KOTTAYAM MEDICAL COLLEGE	4/7/2012	-	} 2 yrs.
Junior Resident 2	"	"	"	30/11/2014	
Junior Resident 3	OBG	AL AZHAR MEDICAL COLLEGE	29/12/2014	29/12/2015	1 yr
Senior Resident	"	" CHODUPUZHA	30/12/2015	31/7/2016	7 MONTHS

4.(a) Before joining present institution I was working at AL AZHAR MEDICAL COLLEGE as SENIOR RESIDENT and relieved on 31/7/2016 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. MARIA JEROME am working as SENIOR RESIDENT in the Department of OBSTETRICS & GYNAECOLOGY at KERALA Medical College and do hereby give an undertaking that I am a Regular Resident in DEPARTMENT OF OBG, KMC, and am staying in Room No. RQ14A 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.