

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. Radhika KT

1.(b) Date of Birth & Age 31-03-1992, 24 yrs.

1.(c) Submit Photo ID proof issued by Govt. Authorities :

Photo ID submitted :

Passport copy / PAN Card / Voter ID/Aadhar Card.

Number 844791474531 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: Junior Resident

1.(d) ii. Department: General Surgery

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

1.(d) iv. City: Mangalore, Cherpulasserry.

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 24A,

Kerala Medical College Campus,

Cherpulasserry.

Signature of Resident

Signature of Dean

2. I have not worked at any other medical college/institution or presented myself at any Assessment in the current academic year.
3. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Indian Medical Register).

SIGNATURE OF THE RESIDENT

Date: 25/10/16.
Place: Mangode

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. **I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the Resident to the institute and with the concerned institute and have found them to be correct and authentic.**
2. I also confirm that Dr. Radhika KT is working as Regular Resident (i.e. for 24 hours) and is not practicing or carrying out any other activity and is staying in Room No. 24A of the Residents' Hostel in college premises, since he/she has joined the Institute.
3. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Date: 25/10/16
Place: Mangode

Signed by the HOD

Countersigned by the
Director/Dean/Principal

THE TRAVANCORE-COCHIN COUNCIL OF MODERN MEDICINE CERTIFICATE OF REGISTRATION

REGISTRATION NUMBER

58648



Name : Dr. RADHIKA K.T.
Name of Father/Guardian : DIVAKARAN K.T.
Date of Birth : 31-03-1992
Permanent Address : KUZHIPALLI THIRUNELLI, PANTEERANKAVU P.O.,
KOZHIKODE, Pin-673019, KERALA.
Qualification : **M.B.B.S.**
(BACHELOR OF MEDICINE AND BACHELOR OF SURGERY)
Year of award of Degree : 2016
Name of the Medical College : GOVT. MEDICAL COLLEGE, KOZHIKODE.
Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr. RADHIKA K.T. has been registered as a practitioner in Modern Medicine under the Travancore-Cochin Medical Practitioners' Act, 1953 on the 22nd day of September 2016 at Thiruvananthapuram.

Thiruvananthapuram,

Date: 22-09-2016.

SL.No:44090

Information

1. Change of address must be communicated to the Registrar.
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.



REGISTRAR

BHADRAN, S.

(Addl. Law Secretary)

REGISTRAR

Travancore-Cochin Medical Councils
Red Cross Road
Thiruvananthapuram-695035