

NAME OF THE COLLEGE: KERALA MEDICAL COLLEGE

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

DECLARATION FORM : 2016 - 2017 - FACULTY

1.(a) Name Dr ARIF KHAN'S
1.(b) Date of Birth & Age 20/01/1986 , 30yrs

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number 23053337 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: ASSISTANT PROFESSOR

1.(d) (i) a Certified copies of present appointment order at present institute attached.

1.(d) ii Department: RADIO DIAGNOSIS

1.(d) iii College: KERALA MEDICAL COLLEGE

1.(d) iv City: CHERUPLASSERY

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 : Arif manzil

Nharayil konam

Madavoor Pallickal

Signature of Faculty

PRINCIPAL
Kerala Medical College
Cheruplassery, Palakkad

NAME OF THE COLLEGE: KERALA MEDICAL COLLEGE

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

DECLARATION FORM : 2017 - 2018 - FACULTY

1.(a) Name.....Dr. ARIF KHAN S.....

1.(b) Date of Birth & Age20/01/1986, 30 yrs.....

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

Number 23053337..... 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

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

1.(d)iv. City: CHERUPLASSERY

1.(d) v. Nature of appointment: Regular / Contractual.

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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

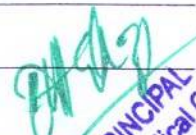
1.(e) Residential Address of employee : ARIF MANZIL

NHARAYILKONAM

MADAVOOR, PALLICKAL

Signature of Faculty

Signature of Dean


PRINCIPAL
Kerala Medical College,
Cheruplassery, 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 | Date and place of training |
|---|----------------------------|
| | |

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): _____ (with STD code)

Tel (Residence): 995210367 (with STD code)

E-mail address: khan.yo.07@gmail.com

Mobile Number: 9980472916

1.(i) Date of joining present institution: Assistant Professor as 3-10-2016

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 | MES Medical College | Calicut | 2012 | RMC 44686 | Travancore Cochin Medical Council |
| MD/MS/DNB / PhD (Radiology) | A.J Institute of Medical Sciences | Rajiv Gandhi University (RGIUS) | 2016 | 44686 | Travancore Cochin Medical Council |
| 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