

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 - FACULTY

1.(a) Name: Dr. Asha S. Jagtap

1.(b) Date of Birth & Age: 31.12.1961 55yr

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

Photo ID submitted:

Passport copy / PAN Card / Voter ID / Aadhar Card

Number: ACEPTJ 6204 J 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: PROFESSOR

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

1.(d)ii. Department: COMMUNITY MEDICINE

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 16.12.16

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: Kulikkampara Quarters

veeramangalam

Cheruplassery

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): 0466-2018102 (with STD code)  
 Tel (Residence): 09324033287 (with STD code)  
 E-mail address: jagtapasha@yahoo.in  
 Mobile Number: 09324033287

1. (i) Date of joining present institution : 2-11-2015 as Professor

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	Seth. G.S. Medical College	Mumbai University	1985	54676 17.7.1985	Maharashtra Medical Council
MD/MS/DNB /PhD ( D.P.H. )	Seth. G.S. Medical College.	Mumbai University.	1996	54676 26.11.2008	Maharashtra Medical Council
<sup>M.D</sup> DM/M.Ch. ( )	Seth. G.S. Medical College.	Mumbai University	1988	54676 26.11.2008	Maharashtra Medical Council

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/Registrar Demonstrator	Community Medicine	Setb. G.S Medical College	18.2.86	18.3.87	1 yr 1 month
Registrar/ Asst. Senior Resident/ Resident Prof.	Community Medicine	Setb G.S. Medical College	19.3.87 19.12.87	18.12.87 26.12.89	9 month. 2 yrs.
Asst. Prof - Assistant Professor	Community Medicine	K.J. Somaiya Medical College	1.7.91	2.7.97	6 yrs.
	KBN Medical College	COL BARBHA	14.12.2005	27.12.2006	1 yr.
Asst. Prof - Associate Professor	Community Medicine	MR Medical College	2.01.2007	21.1.2009	2 yr.
	Community Medicine	Chri Venkateswara Medical College	24.01.2009	11.10.2011	1 yr. 10 months
	Community Medicine	Shrinivas Medical College	28.2.13	27.4.15	2 yr 2 month
Professor	Community Medicine	Kerala Medical College	2.11.15	till Now	

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: N.A

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 Shrinivas Medical College as Community Medicine and relieved on 27.4.2015 after resigning / retiring (Relieving order is enclosed from the previous institution).