

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.....M.UMMA MAMUN JHAFEGG (M).....

1.(b) Date of Birth & Age.....13/09/1990 & 26.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number.....8394 3271 4556..... 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: TUTOR

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

1.(d)ii. Department: PHARMACY

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

1.(d)iv. City: CHERVELLERY, PRAKASAM

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 :

KAMBAM THUDI

MARAYAMBANURAM JUTH PU

PRAKASAM, 679 335

Signature of Faculty

Signature of Dean

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 208102 (with STD code)

Tel (Residence): 9847382492 (with STD code)

E-mail address: shafeek.muhammed@gmail.com

Mobile Number: 9847382492

1.(i) Date of joining present institution: 30/11/16 as

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	KARUNGA MEDICAL COLLEGE PULAKKAD	KERALA UNIVERSITY OF HEALTH SCIENCES	2016	58604 19/09/16	THE TRAVANCORE COCHIN COUNCIL FOR MODERN MEDICINE
MD/MS/DNB /PhD ()					
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 teaching experience till date.

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident					
Senior Resident					
Tutor		KCRMA MEDICAL COLLEGE	30/11/16		
Assistant Professor					
Associate Professor					
Professor					

Note:- Tutor working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permitted medical institute to be consider as senior 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 _____ as _____ and relieved on _____ after resigning / retiring (Relieving order is enclosed from the previous institution).