

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. MADHURI NALLAMILLI.....
- 1.(b) Date of Birth & Age ... 21.08.1987 29 yrs.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID/Aadhar Card.
Number .. 642280495148 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: DERMATOLOGY
- 1.(d) iii. College: KERALA MEDICAL COLLEGE
- 1.(d)iv. City: CHERPULASSERY
- 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 13A
RESIDENT QUARTERS
KMC CAMPUS

M. Madhuri
Signature of Resident

M. Madhuri
PRINCIPAL
Kerala Medical College
Cherpulassery, Palakkad

1.(e)ii. Permanent Address of Resident:

D. NO. 2-7A-7/1

SIVALAYAM STREET, VENKAT NAGAR. KAKINADA

ANDRA PRADESH - 533003

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

1.(g) Contact Particulars: Tel (Office): 0466-2018102 (with STD code)

Tel (Residence): 08842375010 (with STD code)

E-mail address: madhuvinallamilli@gmail.com

Mobile Number: 9591621772

1.(h) Date of joining present institution : 13.10.16 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	KIMS Amalapuram Andrapradesh	NTR University of Health Sciences	2005 - 2010	70844 20/5/2011	A.P medical Council
✓ MD/MS/DNB ()	SS Institute of medical Sciences Davanagere Karnataka	Rajiv Gandhi University	2013 - 2016		
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

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).

N. Madhureni
SIGNATURE OF THE RESIDENT

Date: 17-10-16

Place: Mangaluru

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. Madhuri Nallamilli 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. 13A 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: 17-10-16

Place: Mangaluru

[Signature]
Signed by the HOD

[Signature]
Countersigned by the
Director/Dean/Principal
Kerala Medical College
Cherpulassery, Palakkad