

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 DY. SANTOSH KUMAR

1.(b) Date of Birth & Age 19.05.1986, 31 years

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

Number 716861476841 Issued by GOVERNMENT 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: PHARMACOLOGY

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

1.(d) iv City: CHERPULASSERY

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: Kodangadan Apartments
Cherpulassery

Signature of Faculty

PRINCIPAL
Kerala Medical College
Cherpulassery, 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): 0486 2018402 (with STD code)

Tel (Residence): (0466) 07829792506 (with STD code)

E-mail address: Santoshdoc.hisemath@gmail.com

Mobile Number: 07829792506

1.(i) Date of joining present institution: 28-10-2016 as ASSISTANT 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	VSMS, BELLARY	RCUHS, BANGALURU	2010	87261 22.03.2010	KARNATAKA MEDICAL COUNCIL
MD/MS/DNB /PhD ()	VPCI, NEW DELHI DELHI UNIVERSITY	DELHI UNIVERSITY	2014	87261 20.10.2010	KARNATAKA 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

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	PHARMACOLOGY	VPCI	09.05.2011	08.05.2014	3 years
Senior Resident					
Tutor	PHARMACOLOGY	GIMS, GULBARGA	25.11.2015	27.10.2016	11 months
Assistant Professor	ASSISTANT PROFESSOR	KMC & HOSPITAL CHERUVASSERY	28.10.2016	Till DATE	
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: NA

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.

WORKED YES. GIMS, GULBARGA
FROM 25-11-2015 TILL 27-10-2016.

4.(a) Before joining present institution I was working at GIMS, GULBARGA as TUTOR and relieved on 27.10.2016 after resigning / retiring (Relieving order is enclosed from the previous institution). ✓