

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.....Dy. B. RAVINDRA SHIVAJI.....

1.(b) Date of Birth & Age

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

Number Issued by



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: RADIODIAGNOSIS

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

1.(d) iv. City: CHERUPLASSERY.

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 :

Signature of Resident

Signature of Dean

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

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

1.(g) Contact Particulars: Tel (Office): _____ (with STD code)

Tel (Residence): _____ (with STD code)

E-mail address: _____

Mobile Number: _____

1.(h) Date of joining present institution : _____ as _____

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 | | | | | |
| MD/MS/DNB () | | | | | |
| 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

3. Details of the teaching experience till date.

| Designation | Department | Name of Institution | Joining Date | Relieving Date | Total Experience in years & months |
|-------------------|------------|---------------------|--------------|----------------|------------------------------------|
| Junior Resident 1 | | | | | |
| Junior Resident 2 | | | | | |
| Junior Resident 3 | | | | | |
| Senior Resident | | | | | |

4.(a) Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning (Relieving order is enclosed from the previous institution).

5. I have drawn total stipend from this college in the current financial year as under.

| Month | Amount Received |
|----------------|-----------------|
| April 2016 | |
| May 2016 | |
| June 2016 | |
| July 2016 | |
| August 2016 | |
| September 2016 | |
| October 2016 | |
| November 2016 | |
| December 2016 | |
| January 2017 | |
| February 2017 | |
| March 2017 | |

DECLARATION

1. I, Dr. _____ am working as _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am a Regular Resident in _____, and am staying in Room No. _____ in the Residents' Hostel in the college premises. Further, I state that I am not doing any Private practice or not working in any other hospital also.