

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 - FAC

1.(a) Name... DEEPAK... FALGUNAN.....

1.(b) Date of Birth & Age ... 31/12/1983 ... 32 YRS.....

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

Number 2383 5893 5073 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: ASSISTANT PROFESSOR

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

1.(d)ii. Department: ANAESTHIOLOGY

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

1.(d)iv. City: MANUDE, CHERUPLASSERY, PALAKKAD

1.(d) v. Nature of appointment: Regular / Contractual.  Regular

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 16-12-15

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  Yes

1.(e) Residential Address of employee :  
KMCH STAFF QUARTERS NO: 13 A

MANUDE, CHERUPLASSERY

PALAKKAD

  
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 2018102 (with STD code)

Tel (Residence): 0466 2017109 (with STD code)

E-mail address: dr.deepakfalgunary@gmail.com

Mobile Number: 9496346436

1. (i) Date of joining present institution : 16/02/2015 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	AMALA INSTITUTE OF MEDICAL SCIENCES, TRIVANDRUM	CALICUT UNIVERSITY	2008	40537 15/2/2010	TRAVANCORE-COCHIN MEDICAL COUNCIL
MD/MS/DNB /PhD ( )	GOVT. T. D. MEDICAL COLLEGE, ALAPPUZHA	KERALA UNIVERSITY OF HEALTH SCIENCES.	2014	40537 10/9/2014	TRAVANCORE COCHIN 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

4.(b) I am not working in any other medical college/dental college in the State or outside the State in any capacity Regular / Contractual.

5. Number of Research publications in Index Journals:

5. (a) International Journals: \_\_\_\_\_  
5. (b) National Journals: \_\_\_\_\_  
5. (c) State/Institutional Journals: \_\_\_\_\_

6. (a) My PAN Card No. is BCHPD 2941 M

6. (b) I have drawn total emoluments from this college in the current financial year as under:-

	Amount Received	TDS
July 2015	70,200/-	7,800/-
August	70,200/-	7,800/-
September	70,200/-	7,800/-
October	70,200/-	7,800/-
November	70,200/-	7,800/-
December	70,200/-	7,800/-
January 2016	70,200/-	7,800/-
February	70,200/-	7,800/-
March	70,200/-	7,800/-
April	70,200/-	7,800/-
May	70,200/-	7,800/-
June	70,200/-	7,800/-

6. (c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2015-16 are attached) ✓

7. I have appeared in the last inspection of the same College in the same post. (Yes/No) ✓  
No