

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.....Dr. Balamurugan Ramdas.....
- 1.(b) Date of Birth & Age8/6/78, 38 yrs.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
Number5739 9474 8687..... Issued by Govt. of Kerala.....



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: Associate Professor.
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: Biochemistry
- 1.(d) iii. College: Kerala Medical College
- 1.(d)iv. City: Chengalloor.
- 1.(d) v. Nature of appointment: Regular / Contractual.
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 9.02.16
- 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 :
Kulukkampara Quarters
No. 647, Veeramangalam. Chengalloor.

[Signature]
Signature of Faculty

[Signature]
Signature of Dean
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): 0466-2344601 (with STD code)

Tel (Residence): 9787413183 (with STD code)

E-mail address: balaramadass1@gmail.com

Mobile Number: 9787413183

1. (i) Date of joining present institution : 02.11.15 as Associate 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
MSC MEDICAL MBBS BIOCHEMISTRY	JIPMER	PONDICHERY	1998 2001	—	—
MD/MS/DNB /PhD MEDICAL (BIOCHEMISTRY)	ZMCH	THE TN DR. MGR MEDICAL UNIVERSITY	2004- 2008		
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: 13

5. (b) National Journals: 07

5. (c) State/Institutional Journals: 01 (Book chapter)

6. (a) My PAN Card No. is BDY8B1057J.

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

Month	Amount Received	TDS
April 2016	75600	8400
May 2016	75600	8400
June 2016	75600	8400
July 2016	75600	8400
August 2016	75600	8400
September 2016	75600	8400
October 2016		
November 2016		
December 2016		
January 2017		
February 2017		
March 2017		

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)