

**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..... DR. M. A. ELEZY
- 1.(b) Date of Birth & Age 21.09.1951, 64yrs
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
 Photo ID submitted :  
 Passport copy / PAN Card / Voter ID / Aadhar Card  
 Number AACPE 1910 F Issued by Commission of Income tax Cochin



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: PROFESSOR XHOD
- 1.(d)(i)a. Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: ANATOMY
- 1.(d) iii. College: KERALA MEDICAL COLLEGE
- 1.(d)iv. City: PALAKKAD
- 1.(d) v. Nature of appointment: Regular / Contractual.
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 16-12-2015
- 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 : olakkengil House  
Latin church road  
Thrissur-1, 686001

Signature of Faculty

*(Handwritten signature of Dr. M. A. Elezy)*

Signature (Handwritten signature)  
**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 21 <sup>st</sup> / 23 <sup>rd</sup> June 2012 Regional centre, Govt. Medical College, Kozhikode - Kerala.
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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): 0487-2443797 (with STD code)

E-mail address: m.a.elezy@gmail.com

Mobile Number: 9495169063

1. (i) Date of joining present institution : 1-10-2015 as Professor & HOD.

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	T.D. Medical College Alleppey	Kerala	1977	9565 16-08-1978	Travancore Cochin
MD/MS/DNB /PhD (Anatomy)	Govt. M.C. Calicut	Calicut	1987	9565 4.05.2004	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 previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/ Demonstrator	Anatomy	Govt. M.C. Calicut.	20-5-1981	18-11-'87	6 yrs 6 months
Registrar/ Senior Resident/ Resident					
Assistant Professor	"	" and GMC. Thrissur	19-11-87	16-01-'95	7 yrs 2 months
Associate Professor	Anatomy	GMC - Thrissur	17-01-'95	5-6-2003	9 yrs 5 months
Professor	Anatomy	Govt. M.C. Thrissur Kahuna Mc Palakkad Sreevalsam Mc Edappal Govt. M.C. Palakkad	6-6-2003	30-9-2015	12 yrs 3 months

Note:- Tutor/Senior Residents working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permitted medical institute as a Resident.

3(b). To be filled in by Ex Army Personnel only: N/A

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.

4.(a) Before joining present institution I was working at Govt. Medical College, Palakkad as Professor of Anatomy and relieved on 30-9-2015 after resigning / retiring (Relieving order is enclosed from the previous institution).