

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.....RAVICHANDRAN......

1.(b) Date of Birth & Age25-04-1962. (54 years).....

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

NumberAL.RPK.4544.M..... 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: General Surgery.

1.(d) iii. College: Kerala Medical College.

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 :

NO. 4. Kullakumpara Apartments.
Cherpulassery

Signature of Faculty

Ravichandran

Signature of Dean

[Signature]

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): 0466-2344600 (with STD code)

Tel (Residence): 8606081811 (with STD code)

E-mail address: DRKSRAVICHANDRANMS@Yahoo.com.

Mobile Number: 8606081811, 9789803897

1. (i) Date of joining present institution : 01.10.2016 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
MBBS	Madurai Medical College. Madurai.	Madurai Kamaraj University	1986	43960 28-03-88	Tamil Nadu Medical Council.
MD/MS/DNB /PhD (Gen. Surg)	Coimbatore Medical College. Coimbatore.	Dr. MGR Medical University	2000	43960 11-09-03.	Tamil Nadu 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

DECLARATION

1. I, Dr. Ravichandran am working as Associate Professor in the Department of General Surgery at Kerala Medical College and do hereby give an undertaking that I am a full time teacher in _____, working from 9 A.M. to 4 P.M. daily at this Institute.
2. I have not presented myself to any other Institution as a faculty in the current academic year for the purpose of MCI assessment.
3. I am not having private practice anywhere OR I am practicing at _____ in the city of _____ and my hours of practice are _____ to _____.
4. Complete details with regard to work experience has been provided & nothing has been concealed by me.
5. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Indian Medical Register).

Ravichandran
SIGNATURE OF THE EMPLOYEE

Date: 20-10-16

Place: Cherpulassery

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the above mentioned declaration as true and correct. **I have verified the certificates / documents submitted by the candidate with the original certificates/documents as submitted by the teacher to the Institute and with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that Dr. Ravichandran is not practicing or carrying out any other activity during college working hours i.e. from 8 AM to 4 PM, since he/she has joined the Institute.
3. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Date: 21-10-16

Place: Cherpulassery

Signed by the HOD

Sunny

P. P. P. P.
Countersigned by the
Director/Dean/Principal
PRINCIPAL
Kerala Medical College
Cherpulassery, Palakkad 5