

NAME OF THE COLLEGE: KERALA MEDICAL COLLEGE

	I	II	III	IV
Date of Assessment				
Accepted? (YES/NO/ABSENT)				
Name of the Assessor				
Signature of Assessor				

DECLARATION FORM : 2016 - 2017 - RESIDENT (SR/JR)

- 1.(a) Name NISHADALI. K.
1.(b) Date of Birth & Age 31/05/1980, 36 Yrs.
1.(c) Medical Reg. Council Number 35699
1.(d) Recent Passport size photo of the Employee
Signed by Dean / Principal of the college.
1.(e) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID/Aadhar Card.
Number A1LPH402 E Issued by INCOME TAX DEPARTMENT



Principal
Kerala Medical College
Cherpulassery, Palakkad
INCOME TAX DEPARTMENT

(Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty)

- 1.(f) i. Present Designation: SENIOR RESIDENT
1.(f)(i)a Certified copies of present appointment order at present institute attached.
1.(f)ii. Department: PEDIATRICS
1.(f)iii. College: KERALA MEDICAL COLLEGE
1.(f)iv. City: CHERPULASSERY
1.(f)v. Nature of appointment: Regular / Contractual
1.(g)i. Residential Address of employee :
4B
Resident quarters
KMCL

- 1.(g)ii. Permanent Address of employee :
KARANGADAN HOUSE, KARKITAKAM,
KADANNAMANNA P.O, MANKADA VIA,
MALAPPURAM DT, KERALA, PIN: 629324.
- 1.(h) Copy of Passport /Voter Card / Telephone Bill / Electricity Bill / Aadhar Card as proof of residence.
- 1.(i) Contact Particulars: Tel (Office): 0466 - 2018102 (with STD code)
 Tel (Residence): _____ (with STD code)
 E-mail address: drnishadk@rediffmail.com
 Mobile Number: 9895448878
- 1.(j) Date of joining present institution : 10/08/2015 as SENIOR RESIDENT
- 1.(k)a Joining report at the present institute attached.
2. Qualifications :

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	ACADEMY OF MEDICAL SCIENCES, PARITARAM, KANNUR	KANNUR UNIVERSITY	2005	35699	TCMC.
MD/MS ()	PUSHPAGIRI INSTITUTE OF MEDICAL SCIENCE AND RESEARCH CENTRE.	KERALA UNIVERSITY OF HEALTH AND APPLIED SCIENCES	2015		
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
- 2.(b) Copies of Registration of MBBS and PG degree attached. Yes

3. Details of the previous appointments/experience

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Tutor 1/ JR 1					
Tutor 2/ JR 2					
Tutor 3/ JR 3					
Senior Resident 1	Pediatrics	Kerala Medical College	10/8/2006	All date	
Senior Resident 2					
Senior Resident 3					

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

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.(a) My PAN Card No. is AILDN 4402E.

5.(b) (Copy of my PAN & Form 16 (TDS certificate) for financial year _____ are attached)

DECLARATION

1. I, Dr. NISHADALI-K am working as SENIOR RESIDENT in the Department of PEDIATRICS at KERALA Medical College and do hereby give an undertaking that I am a Regular Resident in KERALA MEDICAL COLLEGE and am staying in Room No. 4B in the Residents' Hostel in the college premises.

2. I have not worked at any other medical college/institution or presented myself at any Assessment in the current academic year.