

NAME OF THE COLLEGE: _____

Date of Assessment	Remarks
Accepted? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

DECLARATION FORM: 2017 - 2018 - FACULTY

1. (a) Name..... NARAYANA. K
1. (b) Date of Birth & Age 2/2/1969, 47 yrs
1. (c) Submit Photo ID proof issued by Govt. Authorities:
Photo ID submitted:
Passport copy / PAN Card / Voter ID / Aadhar Card
Number ... 3725 7464 4209 Issued by G.O.I.



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
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: Pharmacology
- 1.(d) iii. College: Kesala Medical College
- 1.(d)iv. City: Mangode
- 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 :
- _____
- _____
- _____

K. K.
Signature of Faculty

[Signature]
Signature of Dean
PRINCIPAL
Kerala Medical College
Cheruplassery, 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): _____ (with STD code)

Tel (Residence): _____ (with STD code)

E-mail address: narayana.k.d.r@yahoo.co.in

Mobile Number: 9449169640

1. (i) Date of joining present institution : _____ as _____

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	VIMS BMC	Gulbarga Bangalore University	1993	36674 1/8/1993	Karnataka Medical Council
MD/MS/DNB /PhD ()	BMC	Bangalore University	1998	36674 April 1998	Karnataka 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 teaching experience till date.

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident					
Senior Resident					
Tutor	Pharmacology	BMC	1/4/1995	29/4/1998	3yr
Assistant Professor	Pharmacology	KCOS.	30/4/1998	13/7/1998	5 months.
	Pharmacology	SDMC	14/9/1998	8/10/2000	2yr 1 month.
	Pharmacology	Z. Madras.	9/10/2000	2/6/2001	8 months.
Associate Professor	Pharmacology	KVG, Sulu	15/6/2001	13/9/2003	2yr 3 months.
	Pharmacology	BMC, Roman	12/9/2004	31/5/2005	10 months.
	Pharmacology	PESMSR	14/9/2003	1/7/2004	10 months.
Associate Professor	Pharmacology	BMC-H	1/9/2005	30/1/2006	5 months.
	Pharmacology	TIMS, Madras	10/2/2006	16/10/2009	3yr 8 months.
Professor	Pharmacology	SVMC, Pondicherry	3/2/2010	30/5/2015	5yr 4 months.

Note:- Tutor working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permitted medical institute to be consider as senior resident.

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

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.

yes, SVMC, Pondicherry for PG inspection.

4.(a) Before joining present institution I was working at SVMC, Pondicherry as professor and relieved on 30/5/2015 after resigning / retiring (Relieving order is enclosed from the previous institution).