

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 - RESIDENT (SR/JR)

1.(a) Name..... Dr. chethana C S.....

1.(b) Date of Birth & Age 06-08-1988, 29 y.o's....

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

Number BMXPR6561F..... Issued by Home Gene Dept



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: SENIOR RESIDENT

1.(d)ii. Department: ENT

1.(d) iii. College: KERALA MEDICAL COLLEGE, HOSPITAL

1.(d)iv. City: PALAKKAD

1.(d)v. Date of appearance in Last MCI - UG/PG/Any Other Assessment _____

1.(d)vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No No

1.(d)vii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No No

1.(e)i. Campus Address of Resident : 13B

Resident quarters.

Home campus.

Signature of Resident

Signature of Dean

PRINCIPAL
Kerala Medical College
Cherpulassery, Palakkad

1.(e)ii. Permanent Address of Resident: ARADHANA HOUSE, BASHIBETTU,
72 (POST), UJIRE, BELTHANGADY
72 - 574240

1.(f) Copy of Room Allotment Letter as proof of residence.

1.(g) Contact Particulars: Tel (Office): 0466 - 2018102 (with STD code)

Tel (Residence): 9880899654 (with STD code)

E-mail address: chethana.cs@gmail.com

Mobile Number: 9880899654

1.(h) Date of joining present institution : 10/10/2016 as SENIOR RESIDENT

1.(i) 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	MYSORE MEDICAL COLLEGE & RESEARCH INSTITUTE	RGUHS BARNATAKA	2010	94248 UG-16/3/12 PG-June 2016	BARNATAKA MEDICAL COUNCIL
MD/MS/DNB (ENT)	BARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI	RGUHS BARNATAKA	2016	94248 PG-June 2016	BARNATAKA MEDICAL COUNCIL
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/No Yes

2.(b) Copies of Registration of MBBS and PG degree attached Yes/No Yes

3. Details of the teaching experience till date.

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident 1	ENT	KIMS, Hubli	2/7/2013	2/7/2014	1yr
Junior Resident 2	ENT	KIMS, Hubli	2/7/2014	1/7/2015	1yr
Junior Resident 3	ENT	KIMS, Hubli	2/7/2015	1/7/2016	1yr
Senior Resident	ENT	Bera Medical College	10/10/2016		

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

5. I have drawn total stipend from this college in the current financial year as under.

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

DECLARATION

1. I, Dr. Chethana . C . S am working as SENIOR RESIDENT in the Department of ENT at Bera Medical College and do hereby give an undertaking that I am a Regular Resident in Bera Medical College, and am staying in Room No. 13B in the Residents' Hostel in the college premises. Further, I state that I am not doing any Private practice or not working in any other hospital also.