

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 (CD/IR)

1.(a) Name..... Dr. B.C. MANJUNATH

1.(b) Date of Birth & Age 13/9/1971 45yrs

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

Number AAN H14 6767 Issued by ELECTION COMMISSION



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

1.(d) iv. City: MANGLODE, CHERPULASSERY

1.(d) v. Date of appearance in Last MCI - UG/PG/Any Other Assessment 16/12/15

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

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

1.(e) i. Campus Address of Resident :
ROOM NO 423 KERALA MEDICAL COLLEGE HOSPITAL

MANGLODE, CHERPULASSERY

PALAKKAD (DT) KERALA PIN 679503

B.C. Manjunath
Signature of Resident

[Signature]
Signature of Dean

1.(e)ii. Permanent Address of Resident:
B.C MANJUNATH, S/o S.K. CHANDRASHEKHARAPPA
116, B. DURGA (POST), HOLALKERE (TALUK)
CHITRADURGA (DIST) KARNATAKA PIN-577518

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

1.(g) Contact Particulars: Tel (Office): 0466 - 2018102 (with STD code)
 Tel (Residence): 0466 - 2018103 (with STD code)
 E-mail address: dr be manjunath @ g.mail.com
 Mobile Number: 9539767711

1.(h) Date of joining present institution : 7/1/2014 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	MYSORE	1995	42, 112 9 th october	KARNATAKA MEDICAL COUNCIL
MD/MS/DNB (DLO)	MYSORE MEDICAL COLLEGE	RAJIV GANDHI HEALTH UNIVERSITY	2001	42, 112 18 th september	KARNATAKA 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[✓]

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

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					
Junior Resident 2					
Junior Resident 3	ENT	LOURDES HOSPITAL ERNAMKULAM	16/9/2008	2/4/2009	8 months
Senior Resident	ENT	MIMS CALICUT	16/4/2009	31/1/2012	TWO YEARS 9 MONTHS

4.(a) Before joining present institution I was working at MIMS CALICUT as SENIOR RESIDENT and relieved on 31/1/2012 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	90,000/-
May 2016	90,000/-
June 2016	90,000/-
July 2016	90,000/-
August 2016	90,000/-
September 2016	90,000/-
October 2016	
November 2016	
December 2016	
January 2017	
February 2017	
March 2017	

DECLARATION

1. I, Dr. B.C MANJUNATH am working as SENIOR RESIDENT in the Department of ENT at KERALA MEDICAL COLLEGE Medical College and do hereby give an undertaking that I am a Regular Resident in ENT, and am staying in Room No. 42 B 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.