

**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... RANJITH MATHAJ THOOL.....

1.(b) Date of Birth & Age 05-12-1980.....

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

Number ... B.I.M.P.R.1097.M..... Issued by Dr. 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: Assistant Professor

1.(d)(i)a Certified copies of present appointment order at present institute attached.

1.(d)ii. Department: SNT

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

1.(d)iv. City: Mangalore, 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 :  
ADITYA House  
P.O, Azhivillan,  
Feroke, Kozhikode.

Signature of Faculty

Signature of Dean



- 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 2018102 (with STD code)

Tel (Residence): \_\_\_\_\_ (with STD code)

E-mail address: drvanji mme@gmail.com

Mobile Number: 8137085300

1. (i) Date of joining present institution : 01-09-2016 as Asst. 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	Madras Medical College	TN MGR Medical University	2005	76847 18-05-2005	TN MC.
MD/MS/DNB /PhD ( )	Tirunelveli Govt. M.C	"	2011	76847. 16-11-2011	"
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	ENT	Maddur MC	2014	2016	2 years
Senior Resident					
Tutor					
Assistant Professor	ENT "	Gout. Dharmapuri MC Keralamc	22-06-11 01-09-16	21-12-13 Till date	2 years 6 months
Associate Professor					
Professor					

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.

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4.(a) Before joining present institution I was working at Gout. Dharmapuri MC as ENT and relieved on 21-12-2013 after resigning / retiring (Relieving order is enclosed from the previous institution).