

**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.....VARSHA RAI.....

1.(b) Date of Birth & Age ....29.12.1980.....35 years.....

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

Number MVP 1533421..... Issued by

ELECTION  
COMMISSION  
OF INDIA



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: DERMATOLOGY

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

1.(d)iv. City: CHERUPLASSERY

1.(d) v. Nature of appointment: Regular / Contractual.

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 16.02.16

1.(d)vii Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No 17.11.15

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

1.(e) Residential Address of employee :  
ANJUSHREE, EAST MANISSERY, OTTAPALAM

PALAKKAD - KERALA - 679521

Signature of Faculty

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): 0466-2018102 (with STD code)  
 Tel (Residence): 04822267076 (with STD code)  
 E-mail address: drvarshaarun@gmail.com  
 Mobile Number: 9656225218

1. (i) Date of joining present institution : 1/6/14 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	Govt. Medical College Thiruvananthapuram	University of Calicut.	2003	33545 6/10/2004	Travancore Cochin Medical Council
MD/MS/DNB /PhD ( DDVL )	Madras Medical College Chennai	The Tamil Nadu Dr. MGR Medical University	2008	21/2/2015	"
DNB DM/M.Ch. (Dermatology)	Pariyaram medical College (Academy of Medical Sciences)	National board of Examinations New Delhi	2011	21/2/2015	"

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 previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/ Demonstrator	DERMATOLOGY	CMC, VELLORE	1/2/2009	28/9/2009	8 months
Registrar/ Senior-Resident/ Resident	DERMATOLOGY	CMC, VELLORE	1/7/2008	31/1/2009	7 months
Assistant Professor	DERMATOLOGY	KMCH, MANGODU	1/06/2014	Till date	
Associate Professor	-	-	-	-	-
Professor	-	-	-	-	-

Note:- Tutor/Senior Residents working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permitted medical institute as a Resident.

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

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.

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