

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..... APARNA VALSAN

1.(b) Date of Birth & Age 29.06.91 25yrs

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

Number 573448955273..... Issued by Govt. of Kerala.....



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: TUTOR

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

1.(d)ii. Department: BIOCHEMISTRY

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 _____

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.(c) Residential Address of employee :
CHULLIVALAPPIL HOUSE, ALPARA, KANNARU PO
THRISSUR, KERALA

Aparna
Signature of Faculty

Signature of Dean

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	Biochemistry	Kerala Medical College	27.16.16		
Assistant Professor					
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.

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).

4.(b) I am not working in any other medical college/dental college in the State or outside the State in any capacity Regular / Contractual.

5. Number of Research publications in Index Journals:

5. (a) International Journals: _____

5. (b) National Journals: _____

5. (c) State/Institutional Journals: _____

6. (a) My PAN Card No. is _____

6. (b) I have drawn total emoluments from this college in the current financial year as under:-

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

6. (c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2015-16 are attached)

7. I have appeared in the last inspection of the same College in the same post. (Yes/No)

Signature
Date

Signature

Signature
Date