

NAME OF THE 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. DILSHAD . P.P......1.(b) Date of Birth & Age08.03.1986 , 30.....

1.(c) Submit Photo ID proof issued by Govt. Authorities :

Photo ID submitted :

Passport copy / PAN Card / Voter ID/Aadhar Card.Number ..250194967879..... Issued by Govt. 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: Senior Resident1.(d) ii. Department: Anesthesiology1.(d) iii. College: Kerala medical College, Cherpulassery1.(d) iv. City: Mangode, Ottappalam

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

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

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


Signature of Resident

Signature of Dean

1.(e)ii.

Permanent Address of Resident:

Tolly house
Keralode (P.O), Malappuram (D.T).
PIN: 673639.

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

1.(g) Contact Particulars: Tel (Office): _____ (with STD code)

Tel (Residence): _____ (with STD code)

E-mail address: dilutp86@yahoo.com

Mobile Number: 9742159992

1.(h) Date of joining present institution : 26.11.16. 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	JUBILEE MISSION MEDICAL COLLEGE & RESEARCH INSTITUTE TRICHUR	CALICUT TRAVENCOLE LOCKHART	2010.	PCMC 42477	Travencore Cochin Medical Council.
MD/MS/DNB ()	NARAYANA HRUDAYALAYA	NATIONAL BOARD.	2016.	Phovissural	National Board.
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					
Senior Resident	Anaesthesiology	Kerala Medical College.	26.11.16.		

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. DILSHAD S.P. am working as Senior Resident in the Department of Anesthesiology at Kerala Medical College and do hereby give an undertaking that I am a Regular Resident in _____, and am staying in Room No. _____ 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.