

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... DR. HALASAGI SANGAMANATH SIDRAMAN

1.(b) Date of Birth & Age 12.02.1950 65 years

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number AALPH 6666A Issued by Chief Commr.

- Commissioner of Income Tax Karnataka & Goa



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: Professor

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

1.(d)ii. Department: Anatomy

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

1.(d)iv. City: PALAKKAD

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

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 16.12.15

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: Staff quarters No. 10AB

KMCH

Cherpulassery

Signature of Faculty

Halasagi

Signature of Dean

[Signature]

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): 0466 - 2017105 (with STD code)

E-mail address: halasagi@gmail.com

Mobile Number: 08157923870, 974224883

1. (i) Date of joining present institution : 05-10-2015 as 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	M.R. Medical College Gulbarga Karnataka	Karnataka University Dharwar	1979 June	K. 19,634	Karnataka Medical Council
<input checked="" type="checkbox"/> MD/MS/DNB /PhD (M.D. Anatomy)	B.L.D.E.A's Sri. B.M. Patil Medical College Bijapur Karnataka	R.G.U.H.S. Bangalore	2005 Sept.	K. 19,634	Karnataka Medical Council
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 previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/ Demonstrator	Anatomy	Al-Ameen Medical College Bangalore	12-02-1988	12-02-1997	9 year
Registrar/ Senior Resident/ Resident	Anatomy	B.L.D.E N's Sri. B.M. Subal Medical College Bangalore	12-02-1997	22-11-2005	8 yrs 9 months 11 Days
Assistant Professor	Anatomy	B.L.D.E N's Sri. B.M. Subal Medical College	23-11-2005	15-02-2006	1/14-12
	Anatomy	S.S.I.M.s Dawana Gore	01-03-2006	08-12-2006	0-9-08
	Anatomy	S.L.I.M.s Pondichery	09-12-2006	30-11-2007	0-11-23
	Anatomy	K.I.M.S Mariketaipally	12-01-2008	30-09-2009	1-08-20
Associate Professor	Anatomy	Sri. Mathulcumaran Medical College, Chennai	07-12-2009	25-05-2011	1-05-19
	Anatomy	S.I.M.s. Mulke Nagarur	26-05-2011	15-02-2013	1-08-21
	Anatomy	ACME Parippuram Kannur Dist.	19-02-2013	31-10-2014	1-08-10
Professor	Anatomy	K.M.C.T. Medical College Calicut	01-11-2014	30-9-2015	00-11-00
	Anatomy	Kerala Medical College Kollam	05-10-2015	Till date	

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: NA

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 K.M.C.T. Medical College Calicut as Professor in Anatomy Dept. and relieved on 30-09-2015 after resigning / retiring (Relieving order is enclosed from the previous institution).