

**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. Mujeeb Rahman P.C......  
1.(b) Date of Birth & Age 24-06-1981, 35 years.....  
1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
Passport copy / PAN Card / Voter ID / Aadhar Card   
Number 978544336743 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: Assistant Professor  
1.(d)(i)a Certified copies of present appointment order at present institute attached. Yes.  
1.(d)ii. Department: TB & chest.  
1.(d) iii. College: Kerala Medical College.  
1.(d)iv. City: Cherpulassery.  
1.(d) v. Nature of appointment: Regular / Contractual.  
1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment NA.  
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 :  
Puthukkudi chola,  
Pottavery - 1, Kambirapuzha,  
Palakkad, Kerala - 678 591.

[Signature]  
Signature of Faculty

[Signature]  
Signature of Dean  
Principal  
Kerala Medical College  
Cherpulassery, 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): 0466-2018106 (with STD code)

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

E-mail address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

1. (i) Date of joining present institution : 17-10-2016 as Assistant 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	Panigaram Medical College	Ranur University	2006	37386 16-01-2008	TCMC.
MD/MS/DNB /PhD (Pulmonary medicine)	Goa Medical College	Goa University	2013	37386 16-06-2016	TCMC.
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

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): 0466-2018106 (with STD code)

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

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Mobile Number: \_\_\_\_\_

1. (i) Date of joining present institution : 17-10-2016 as Assistant 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	Pavizaram Medical College	Rannur University	2006	37386 16-01-2008	TCMC.
MD/MS/DNB /PhD (Pulmonary medicine)	Goa Medical College	Goa University	2013	37386 16-06-2016	TCMC.
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