

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 - RESIDENT (SR/JR)

- 1.(a) Name..... Landa Hansha kumar
- 1.(b) Date of Birth & Age 08/06/1988
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID/Aadhar Card.
Number AMUPL 84836 Issued by



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 Resident
- 1.(d) ii. Department: Pulmonary Medicine
- 1.(d) iii. College: Kerala Medical College
- 1.(d) iv. City: Cherpallaseery
- 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: RA-23A
Home Campus
Cherpallaseery

L. Hansha
Signature of Resident

[Signature]
PRINCIPAL
Kerala Medical College
Cherpallaseery, Palakkad

1.(e)ii. Permanent Address of Resident: O/o Ramasao 14-336, Peddapadu
Road, Near Vemanna shed,
Vishake colony, Srikakulam 532001

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

1.(g) Contact Particulars: Tel (Office): 9985566295 (with STD code)

Tel (Residence): 9605935778 (with STD code)

E-mail address: Hasitha 1468@gmail.com

Mobile Number: 99855 66295

1.(h) Date of joining present institution: 1/10/16 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	Quntury Medical College	NTR UHS	2006-2012	76034	Andhra
MD/MS/DNB ()	Andhra Medical College	NTR UHS	2013-2016		Andhra
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	Pulmonary medicine	Andhra medical college	27/7/13	27/7/14	1yr
Junior Resident 2	Pulmonary	AMC	28/7/14	28/7/15	1yr
Junior Resident 3	Pulmonary	AMC	28/7/15	27/7/16	1yr
Senior Resident	Pulmonary	Kerala medical College	1/10/16	Nil date	

4.(a) Before joining present institution I was working at Andhra medical college of Junior Resident and relieved on 28/7/16 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. Arinda Harsha Kumar am working as Senior Resident in the Department of Pulmonary medicine Kerala Medical College and do hereby give an undertaking that I am a Regular Resident in Pulmonary medicine, and am staying in Room No. 234 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.