

**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.....Dr. Aparna K.P......

1.(b) Date of Birth & Age ...04-04-1987, 29 yrs......

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

Number BR.V.P.A.9064.M..... Issued by IT Dept.....



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: Psychiatry.

1.(d) iii. College: Kerala Medical College.

1.(d)iv. City: Cherpulassery.

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 : R2 - No: 14 B,

Kerala Medical college Campus,

Mangode, Cherpulassery.

[Signature]  
Signature of Resident

[Signature]  
Signature of Dean

**PRINCIPAL**  
Kerala Medical College  
Cherpulassery, Palakkad

1.(e)ii. Permanent Address of Resident:  
Saakeetham,  
Makeni P.O, Panoor,  
Kannur, Kerala - 670 692.

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

1.(g) Contact Particulars: Tel (Office): 0466 - 201 8102. (with STD code)  
 Tel (Residence): 0490 - 231 2583. (with STD code)  
 E-mail address: aparnakp2014@gmail.com.  
 Mobile Number: 9632304444.

1.(h) Date of joining present institution : 23-02-2016 as Junior Resident.

1.(i) Joining report at the present institute attached - Yes/No  Yes

2. Qualifications :

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Co-operative Medical College, Kozhikode	CUSAT	2011	44755 22-02-2012	TCMC.
MD/MS/DNB ( DPM.)	Kamineni Institute of Medical Sciences.	NTRUHS	2015		
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  Yes

2.(b) Copies of Registration of MBBS and PG degree attached Yes/No  Yes

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	Psychiatry.	Kamini Institute of Medical Sciences	2013	2015	2 years.
Junior Resident 2	"	Mount Zion Medical College	03-05-2015	06-01-2016	5 months.
Junior Resident 3	"	Kerala MC	23-02-2016	30-09-2016	8 months.
Senior Resident	"	Kerala MC	01-10-2016	Till date.	

4.(a) Before joining present institution I was working at Mount Zion Medical College as Junior Resident and relieved on 06-01-2016 after resigning (Relieving order is enclosed from the previous institution). Yes.

5. I have drawn total stipend from this college in the current financial year as under.

Month	Amount Received
April 2016	25,000/-
May 2016	25,000/-
June 2016	25,000/-
July 2016	25,000/-
August 2016	25,000/-
September 2016	25,000/-
October 2016	
November 2016	
December 2016	
January 2017	
February 2017	
March 2017	

DECLARATION

1. I, Dr. Aparna K.P am working as Senior Resident in the Department of Psychiatry at Kerala Medical College and do hereby give an undertaking that I am a Regular Resident in Psychiatry, and am staying in Room No. 14B 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.