

**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. N. VILASINI

1.(b) Date of Birth & Age 11.04.1952, 64

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



Number DNJ.15.30.120 Issued by Education Commission

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: Asst. Professor

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

1.(d)ii. Department: OBG

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

1.(d)iv. City: Cherpuvayal

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 :  
CHITHRENDU, 34/148D,  
PUTHIYIDAM, ICAYANKULAM, 690502 Kerala.

[Signature]  
Signature of Faculty

[Signature]  
Signature of Dean

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): 944735667 (with STD code)

E-mail address: dr.vilasinirajan@gmail.com.

Mobile Number: 944735667.

1. (i) Date of joining present institution : 28-10-2016 as Asso. 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	TDMC, Akapuzha.	Kerala University	1977	9938 16-03-1979	TCMC.
MD/MS/DNB /PhD (OBG.)	Govt. MC, Kozhikode.	Calicut University	1986	9938 07-05-2006	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

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

3 (a). Details of the teaching experience till date.

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident					
Senior Resident					
Tutor	OBG	Govt. MC, Kozhikode	16-09-1981	28-10-1987	6 years, 1 month.
Assistant Professor	OBG	Govt. MC, Kottayam	21-10-2002	22-12-2004	2 years, 2 months.
	OBG	Govt. MC Kottayam	30-12-2004	30-04-2007	2 years, 4 months.
Associate Professor	OBG	Kerala MC Cherubassery	28-10-2016	Till date.	
Professor					

Note:- Tutor working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permitted medical institute to be consider as senior 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.

No

4.(a) Before joining present institution I was working at Govt. MC, Kottayam as Asst. Professor and relieved on 30-04-2007 after resigning/  retiring (Relieving order is enclosed from the previous institution). Yes.