



NAME OF THE COLLEGE: Kerala Medical College

Assessment	Remarks
1? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

DECLARATION FORM : 2017 - 2018 - RESID

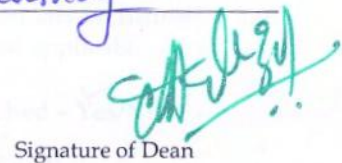


- 1.(a) Name..... DR. SATHIA .K
- 1.(b) Date of Birth & Age 1/12/1985, 30yrs.
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
 Photo ID submitted : Passport copy / PAN Card / Voter ID/Aadhar Card.
 Number EBMPS 416B Issued by Govt

Note: 1) Without Photo ID, Declaration form will be rejected and will not be considered for 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: OBG
- 1.(d) iii. College: KERALA MEDICAL COLLEGE
- 1.(d)iv. City: MANGODE
- 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 : 14-A
Resident quarters
KMC Campus, Choppalassery


Signature of Resident


Signature of Dean

1.(e)ii. Permanent Address of Resident:

Pathiya kulay (14) Amine Island
US of Lakshadweep.

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

1.(g) Contact Particulars: Tel (Office): 0466 - 2018102 (with STD code)

Tel (Residence): 8800868175 (with STD code)

E-mail address: sathya11@gmail.com

Mobile Number: 8800868175

1.(h) Date of joining present institution : 3.10.2016 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	Calicut medical college	Calicut University	2010	43822	Travancore-Cochin medical Council.
MD/MS/DNB ()	UCMS & C/TB hospital	Delhi University	2016	66857	Delhi medical Council.
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					
Junior Resident 2					
Junior Resident 3					
Senior Resident	OBG	KMC	3/10/16	full date	

4.(a) Before joining present institution I was working at CCMS & GIB hospital as Post graduate student and relieved on 25/6/16 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. Sathya K am working as Senior Resident in the Department of OBG at Korla Medical College and do hereby give an undertaking that I am a Regular Resident in Korla medical college, and am staying in Room No. 14.A, 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.