

**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. Aslam Abdurahman P. T.....

1.(b) Date of Birth & Age ..... 01/07/87.....

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



Number K9749097..... 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: Junior Resident

1.(d)ii. Department: Dept. of Anaesthesia

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

1.(d)iv. City: Mangode, Cheruplassery, Palakkad District

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 :  
25 B Resident Quarters  
KMC Cheruplassery.

[Signature]  
Signature of Resident

[Signature]  
PRINCIPAL  
Kerala Medical College  
Cheruplassery, Palakkad  
Signature of Dean

1.(g)ii. Permanent Address of employee: Palakkathodi (h)  
Kjaleesapuram, Randaaram (po)  
malappuram (dist.) PIN - 696510

1.(h) Copy of Passport /Voter Card / Telephone Bill / Electricity Bill / Aadhar Card as proof of residence.

1.(i) Contact Particulars: Tel (Office): \_\_\_\_\_ (with STD code)  
 Tel (Residence): 0494 - 2610095 (with STD code)  
 E-mail address: ptaslam @ hsdmail.com  
 Mobile Number: 9447417899

1.(j) Date of joining present institution : \_\_\_\_\_ as Junior Resident.

1.(k)a Joining report at the present institute attached.

2. Qualifications :

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Govt. Medical College Kozhikode	University of Calicut.	2012	50426 06/03/14	Travancore - Cochin Council of Modern medicine (TCMC)
MD/MS ( )					
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.

2.(b) Copies of Registration of MBBS and PG degree attached.

3. Details of the previous appointments/experience

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Tutor 1/ JR 1	Anaesthesia	Kerala Medical College			
Tutor 2/ JR 2					
Tutor 3/ JR 3					
Senior Resident 1					
Senior Resident 2					
Senior Resident 3					

4.(a) Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning (Relieving order is enclosed from the previous institution).

4.(b) I am not working in any other medical college/dental college in the State or outside the State in any capacity regular / contractual.

5.(a) My PAN Card No. is \_\_\_\_\_.

5.(b) (Copy of my PAN & Form 16 (TDS certificate) for financial year \_\_\_\_\_ are attached)

**DECLARATION**

- I, Dr. Ablon Abdurrahiman. P.T am working as Junior Resident in the Department of Anaesthesia at Kerala Medical College and do hereby give an undertaking that I am a Regular Resident in Dept. of Anaesthesia, and am staying in Room No. 25 B in the Residents' Hostel in the college premises.
- I have not worked at any other medical college/institution or presented myself at any Assessment in the current academic year.