

**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..... Mathew Joseph .....

1.(b) Date of Birth & Age 9.6.1984 , 32 yrs .....

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

Number ..... 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: General Surgery

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 : RQ 25A

KMC Campus

cherpulassery

Signature of Resident

Signature of Dean

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

Nedumthanathu House

vazhappally (w)

Changana chery

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

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

Tel (Residence): 9496322394 (with STD code)

E-mail address: \_\_\_\_\_

Mobile Number: 9496322394

1.(h) Date of joining present institution : 17/10/2016 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	Govt. Medical college kottayam	Mahatma Gandhi University	2009	39930	TMC
MD/MS/DNB ( )	KLF Academy of Higher education	KLE University	2016		
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



THE TRAVANCORE-COCHIN COUNCIL  
OF  
MODERN MEDICINE  
CERTIFICATE OF REGISTRATION

REGISTRATION NUMBER

39930



Name : Dr. MATHEW JOSEPH  
Father's Name : N.J. JOSEPH  
Date of Birth : 09-06-1984  
Permanent Address : NEDUMTHANATHU HOUSE, VAZHAPPALLY WEST  
P.O., CHANGANACHERRY, KOTTAYAM, KERALA.  
Qualification : M.B.B.S.  
(BACHELOR OF MEDICINE AND BACHELOR OF SURGERY)  
Year of award of Degree : 2009  
Name of the Medical College : GOVT. MEDICAL COLLEGE , KOTTAYAM.  
Name of the University : MAHATMA GANDHI UNIVERSITY

I hereby certify that Dr. MATHEW JOSEPH has been registered as a practitioner in Modern Medicine under the Travancore-Cochin Medical Practitioners' Act, 1953 on the 22nd day of December 2009 at Thiruvananthapuram.

Thiruvananthapuram,

Date: 22-12-2009.

SL.No:356

Information

1. Change of address must be communicated to the Registrar.
2. Additional qualifications, if any, should be separately registered.

REGISTRAR

A.K. PADMAKARAN

Registrar

Travancore-Cochin Medical Councils

Red Cross Road

Thiruvananthapuram - 695 035

