

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. VARUN VENU
- 1.(b) Date of Birth & Age..... 20-09-1981, 34 yrs
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID/Aadhar Card.
Number..... AGVPU 68230..... Issued by..... 6101




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: ORTHOPAEDICS
- 1.(d) iii. College: KERALA MEDICAL COLLEGE
- 1.(d) iv. City: CHEPULASSERY, 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 : 10A
KMC campus, Resident quarters
Cherpulassery


Signature of Resident


Signature of Dean
Principal
Kerala Medical College
Cherpulassery, Palakkad

1.(e)ii. Permanent Address of Resident: T.C. 4/1455(1), "KOUSHTHUBHAM",
KAYU ROAD, KURAVANKONAM, KOWDIAR.P.O.,
TRIVANDRUM - 695003.

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

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

Tel (Residence): _____ (with STD code)

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

Mobile Number: 9895853508.

1.(h) Date of joining present institution : 5th October, 2015 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	Cooperatives Medical College, Kochi.	Cochin University of Science & Technology	2005.	60010095, September 2005.	TCMC (Travancore-Cochin)
D-ortho MD/MS/DNB ()	Government Medical College, Trivandrum	Kerala University	2010	5416; November 2010.	TCMC. (Travancore-Cochin).
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 previous appointments/experience


Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident 1	Orthopedics	MES Medical College.	October 1 st , 2013	September 30, 2015.	2 years.
Junior Resident 2					
Junior Resident 3					
Senior Resident	Orthopaedics	Kerala Medical College	5/10/15	Full date	

4.(a) Before joining present institution I was working at MES Medical College, as Resident and relieved on 30th September, 2015, after resigning (Relieving order is enclosed from the previous institution).

DECLARATION

- I, Dr. Narun Venu am working as Senior Resident in the Department of Orthopedics at Kerala Medical College and do hereby give an undertaking that I am a Regular Resident in Orthopedics and am staying in Room No. 10A 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.
- It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Indian Medical Register).

Date: 09-11-15
Place: Mangode.


SIGNATURE OF THE RESIDENT