

**NAME OF THE COLLEGE :** KERALA MEDICAL COLLEGE

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

**DECLARATION FORM : 2016 - 2017 - FACULTY**

- 1.(a) Name..... Dr. M.S. RATHAN.....  
1.(b) Date of Birth & Age ..... 01.06.1953 ..... 62 y......  
1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :   
Passport copy / PAN Card / Voter ID / Aadhar Card  
Number ..... AAAPR 6224 K ..... Issued by Govt. of Kerala.....



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: Associate Professor of Medicine  
1.(d)(i)a Certified copies of present appointment order at present institute attached.  
1.(d)ii. Department: Medicine  
1.(d) iii. College: Kerala Medical College  
1.(d)iv. City: Cheppulassery  
1.(d) v. Nature of appointment: Regular / Contractual.  
1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment \_\_\_\_\_  
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 : No: 3

Kulukkampara Quarters,  
Veeramangalam, Cheppulassery

Signature of Faculty

Signature of Dean

**PRINCIPAL**  
Kerala Medical College Hospital  
Cheppulassery, Palakkad

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): 0466-21018102 (with STD code)

Tel (Residence): 9500962464 (with STD code)

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

Mobile Number: 9500962464

1. (i) Date of joining present institution : 11/11/15 as Associate Prof. in Medicine

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	Tinnevely Medical College	MADRAS University	1975	28488 - VG.	Tamil Nadu State Medical Council
MD/MS/DNB /PhD ( )	MADRAS Medical College	MADRAS University	1981		Tamil Nadu State Medical Council
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 previous appointments/ teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/ Demonstrator					
Registrar/ Senior Resident/ Resident					
Assistant Professor	General medicine	Columbia MC	01-09-1982	31-05-1983	08 months.
	"	"	01-07-1984	30-11-1984	4 years 5 months.
	"	"	02-04-1993	31-10-1995	2 years 7 months.
	"	"			
Associate Professor	General Medicine Melmaruvathur AIMS	Melmaruvathur AIMS	02/11/2013	31/12/2014	2 yrs
Professor					

Note:- Tutor/Senior Residents working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permitted medical institute as a Resident.

3(b). To be filled in by Ex Army Personnel only:

S.No.	Designation	Institution	Period	
			From	To
1.	Graded Specialist	VARIOUS medical Establishments	1977	1982.
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.

4. (a) Before joining present institution I was working at Melmaruvathur Adwiprasanna's Associate Prof. Medicine and relieved on 31-12-2014, after resigning / retiring (Relieving order is enclosed from the previous institution).

Medical college.