

**NAME OF THE COLLEGE:** Kerala Medical College, Cherpulassery

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

**DECLARATION FORM : 2017 - 2018 - FACULTY**

1.(a) Name. Dr. RAIHANA RASHEED KUNJUMOIDEEN

1.(b) Date of Birth & Age 17-04-1985, 31 yrs.

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

Number DMDPK.6163A Issued by Income tax dept 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: Assistant Professor

1.(d)(i)a Certified copies of present appointment order at present institute attached.

1.(d)ii. Department: PSYCHIATRY

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

1.(d)iv. City: Cherpulassery, Palakkad (D)

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 : Thadathil Parambil House

P.O. Mala, Kakkatiri,  
Palakkad (D)

Signature of Faculty

Signature of Dean  
**PRINCIPAL**  
Kerala Medical College  
Cherpulassery, 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 - 2018102 (with STD code)

Tel (Residence): 9447124523 (with STD code)

E-mail address: raihanarashed@gmail.com

Mobile Number: 9447124523

1. (i) Date of joining present institution : 31.10.16 as Assistant Professor

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	Crovt. Medical College, Kottayam	M.G. University	2011	43124 24/5/11	Travancore Cochin Medical Council
MD/MS/DNB /PhD ( )	Pushpagiri Institute of Medical Sciences + Research Centre	Kerala University of Health Sciences	2016	43124 31/10/16	Travancore Cochin 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



1.(f) Have you undergone Training in "Basic Course Workshop" at MCI Regional Centre in MET or in your college under Regional Centre observership?

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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

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