r	N٨	١N	1E	OF	THE	CO	LLEGE	:
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Dute	of Assessment	
Accep	oted? (YES/NO/ABSENT)	
Name	e of the Assessor	
Signa	ture of Assessor	
	DECLARATION FORM : 2013 - 2014 -	<b>FACULTY</b>
1.(a)	Name	
1.(b)	Date of Birth & Age	PHOTOGRAPH TO
1.(c)	Recent Passport size photo of the Employee Signed by Dean / Principal of the college.	COUTERSIGNED BY THE DEAN/PRINCIPAL
1.(d)	Submit Photo ID proof issued by Govt. Authorities:  Photo ID submitted:	
	Passport copy / PAN Card / Voter ID.	
	Number Issued by	
(With	Number Issued by	
facul	Number Issued by  nout Photo ID, Declaration form will be rejected and will related.	not be considered as teachi
<b>facul</b> 1.(e) i.	Number Issued by  nout Photo ID, Declaration form will be rejected and will relity)  Present Designation:	not be considered as teachi
facul 1.(e) i. 1.(e)(i)	Number	not be considered as teachi
facul 1.(e) i. 1.(e)(i) 1.(e)ii.	Number	not be considered as teachi
•	Number	not be considered as teachi
facul 1.(e) i. 1.(e)(i) 1.(e)ii. 1.(e) iii	Number	not be considered as teachi

I

II

III

IV

1.(g)	Have you underg in MET?	gone Training in "Basic	Course Workshop" at MC	I Regional Centre
	Yes	No		
	If yes, where and wh	nen.		
	Name of MCI Region Training was done	nal Centre where	Dates of training	
1.(h)	Copy of Passport/Voresidence.	ter Card / Electricity Bill	l/Telephone Bill attached a	as a proof of
1.(i)	Contact Particulars:	Tel (Office):		_(with STD code)
		Tel (Residence):		(with STD code)
		E-mail address:		
		Mobile Number:		
1. (j )	Date of joining presen	t institution :	as	
1. (j)a	Joining report at the p	resent institute attached.		
2.	Qualifications:			

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS					
MD/MS					
( )					
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.
- 2. (b) Copy of Registration of MBBS and PG degree attached.

### 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					
Associate Professor					
Professor					

Note:- Registrar/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.	Place of Posting	Designation	Per	riod
5.NO.	Flace of Fosting	Designation	From	To
1.				
2.				
3.				
4.				
5.				

4 .(a)	Before	joining present i	nstitution I was working at _	as			
				on after			
	resigni	resigning / retiring (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.	Numb	er of Research pu	ablications in Journals during t	he last 3 (Three) academic years :			
	5. (a)	International Jou	ırnals:				
	5. (b)	National Journal	ls:				
	5. (c)	State/Other Jour	rnals:				
6. (a)	My PA	AN Card No. is					
6. (b)	I have	drawn total emol	uments from this college in the	current financial year as under:-			
			Amount Received	TDS			
July							
Augu	st						
Septe	mber						
Octol	er						
Nove	mber						
Dece	mber						
Janua	ıry						
Febru	ıary						
Marc	h						
April							
May							

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

June

## **DECLARATION**

I, Dr		am work	ing as		in the
Department of _		at			Medical
College and do	hereby give an	undertaking	that I am	a full tim	e teacher in
		, working	g from	_A.M. to	P.M. daily
at this Institute.					
I have not presente for the purpose of	ed myself to any ot MCI assessment.	her Institution a	ns a faculty in	n the current	academic year
I am not ha	aving private p	practice anyw	here <b>OR</b>	I am p	oracticing at
		in the	city of		and my
hours of practice a	re to	·			
Complete details concealed by me.	with regard to wo	rk experience l	nas been pro	vided & not	hing has been
certificates submit true, correct and subsequently turn accepted that such treated as a gros	each statement an ted along with the authentic. In the ting out to be incommissed in misdeclaration in s misconduct ther (including removal	e declaration for e event of any orrect or false respect to any reby rendering	rm, by the to y statement the undersi content of the the unders	undersigned made in th gned has ur his declaration igned liable	are absolutely is declaration iderstood and in shall also be for necessary
Date:			SIGNAT	TURE OF TH	E EMPLOYEE
Place:	ENI				
		<u>OORSEMENT</u>			
about the correctnomentioned declara submitted by the	is the certification ess and veracity of ation as true and candidate with the stitute and with the stitute.	each content of correct. I have e original certi	this declarate verified the ficates/docur	ion and endo e certificates nents as sub	orses the above s / documents omitted by the
I also confirm that	Dr		is no	t practicing o	or carrying out
any other activity	during college wor	king hours i.e.	from	_ to	, since he/she
has joined the Insti	itute.				
declaration subsequent that the undersign	his declaration turquently turning out led shall also be eq eclaration or missta	to be incorrectually responsib	t or false it i	s understood	and accepted
	Signed by	the HOD		Countersig	ned by the ean/Principal

### **REMARKS**

S.No	Documents	Submitted
1.	Recent Passport size photo of the Employee, Signed by Dean /	Yes / No
	Principal of the college.	
2.	Photo ID proof issued by Govt. Authorities : Passport / PAN	Yes / No
	Card / Voter ID	
3.	Certified copies of present appointment order at present	Yes / No
	Institute.	
4.	Copy of Passport/Voter Card/Electricity Bill/Telephone	Yes / No
	Bill Attached as a proof of residence.	
5.	Joining report at the present institute.	Yes / No
6.	Copies of Degree certificates of MBBS and PG degree.	Yes / No
7.	Copies of Registration of MBBS and PG degree.	Yes / No
8.	Copy of experience certificate for all teaching appointments	Yes / No
	held before joining present institute.	
9.	Relieving order from the previous institution.	Yes / No
10.	PAN Card	Yes / No
11.	Form 16 (TDS certificate) for the last financial year.	Yes / No
12.	Letter head (in case of teachers who are practicing)	Yes / No

Signed by the HOD:

Date:	Date:	
Countersigned by Dean / Principal:  Date:		
Signed & Verified by the Assessor :  Date :		

Signed by the Teacher:

### NOTE:

- 1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed/attached with the Declaration Form.
- 2. The person will not be counted as a teacher if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card / State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- 3. All the teachers must submit the revised declaration form in this format only. (Any declaration form submitted in an old format will not be accepted and he will not be counted as a teacher.)

NAME	OF THE	COLLEGE:	
	OI IIIL	COLLEGE	

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# DECLARATION FORM: 2013 - 2014 - RESIDENT (SR/JR)

1.(a)	Name				
1.(b)	Date of Birth & Age	PHOTOGRAPH TO BE			
1.(c)	Medical Reg. Council Number	COUTERSIGNED BY THE			
1.(d)	Recent Passport size photo of the Employee Signed by Dean / Principal of the college.				
1.(e)	Submit Photo ID proof issued by Govt. Authorities : Photo ID submitted: Passport copy/PAN Card/Voter ID/				
	Number Issued by				
(Witho	out Photo ID, Declaration form will be rejected and will not be con	nsidered as teaching			
1.(f) i.	Present Designation:				
1.(f)(i)	Certified copies of present appointment order at present institut	e attached.			
1.(f)ii.	Department:				
1.(f) iii	College:				
1.(f)iv.	City:				
1.(f) v.	Nature of appointment: Regular / Contractual				
1.(g)i.	Residential Address of employee:				

Perr ——	nanent Ac	ldress of employee	:		
Copy of Pa	ssport/Vo	oter Card / Telepho	one Bill/Electric	ity Bill, a proof (	of residence.
Contact Particulars:		Tel (Office):			(with STD code)
		Tel (Residence): _			(with STD code)
		E-mail address: _			
		Mobile Number:			
Date of join	ing presen	t institution :		as	
Joining repo	ort at the p	resent institute atta	iched.		
	Copy of Pa Contact Par Date of join	Copy of Passport/Vo Contact Particulars:  Date of joining present	Copy of Passport/Voter Card/Telepho Contact Particulars: Tel (Office):  Tel (Residence): _  E-mail address: _  Mobile Number: _  Date of joining present institution :	Contact Particulars: Tel (Office):  Tel (Residence):  E-mail address:  Mobile Number:	Copy of Passport/Voter Card / Telephone Bill / Electricity Bill, a proof of Contact Particulars:  Tel (Office):  Tel (Residence):  E-mail address:  Mobile Number:  Date of joining present institution:  as

## 2. Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS					
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

Des	signation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Tutor	1/ JR 1					
Tutor	2/ JR 2					
Tutor	3/ JR 3					
Senio	r Resident 1					
Senio	r Resident 2					
Senio	r 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)						
1.	I, Dr		am	working as		in the
	College and do hereby give an undertaking that I am a Regular Resident in, and am staying in Room No in the					
		Hostel in the col		iu aiii staying	III KOOIN INO	in the
2.		worked at any in the current a	other medical col	lege/institutior	or presented	myself at any

3. 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).

SIGNATURE OF THE RESIDENT Date:

		URE OF THE RESIDENT
	Date:	
	Place:	
	ENDORSEMENT	
1.	This endorsement is the certification that the undersigned has	satisfied himself /herself
	about the correctness and veracity of each content of this decl	aration and endorses the
	abovementioned declaration as true and correct. I have verified the	ne certificates/ documents
	submitted by the candidate with the original certificates/ docum	nents as submitted by the
	Resident to the institute and with the concerned institute and	have found them to be
	correct and authentic.	
2.	I also confirm that Dr is wor	king as Regular Resident
	(i.e. for 24 hours) and is not practicing or carrying out any other	activity and is staying in
	Room No of the Residents' Hostel in college premises	,
	the Institute.	,
3.	In the event of this declaration turning out to be either incommon turning out turning out to be either incommon turning out turning out turni	rrect or any part of this
	declaration subsequently turning out to be incorrect or false it is	understood and accepted
	that the undersigned shall also be equally responsible besides the	declarant himself/herself
	for any such misdeclaration or misstatement.	·
Date: Place:	Signed by the HOD	Countersigned by the
	2-8	Director/Dean/Principal

### **REMARKS**

S.No	<u>Documents</u>	<u>Submitted</u>
1.	Recent Passport size photo of the Employee, Signed by Dean /	Yes / No
	Principal of the college.	
2.	Photo ID proof issued by Govt. Authorities : Passport Copy /	Yes / No
	PAN Card / Voter ID	
3.	Certified copies of present appointment order at present	Yes / No
	institute.	
4.	Copy of Passport /Voter Card / Telephone Bill / Electricity	Yes / No
	Bill, a proof of residence.	
5.	Joining report at the present institute.	Yes / No
6.	Copies of Degree certificates of MBBS and PG degree.	Yes / No
7.	Copies of Registration of MBBS and PG degree.	Yes / No
8.	Copy of experience certificate for all appointments held	Yes / No
	before joining present institute.	
9.	Relieving order from the previous institution.	Yes / No
10.	PAN Card	Yes / No
11.	Form 16 (TDS certificate) for the last financial year.	Yes / No
12.	Letter head (in case of Residents who are practicing)	Yes / No

Signed by the Teacher:	Signed by the HOD:
Date:	Date:
Countersigned by Dean / Principal.	
Date:	
Signed & Verified by the Assessor:	
Date:	

### **NOTE:**

- 1. The Declaration Form will not be accepted and the person will not be counted as Resident if any of the above documents are not enclosed / attached with the Declaration Form.
- 2. The person will not be counted as a Resident if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card / MCI Smart ID Card /State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- 3. All the Resident must submit the revised declaration form in this format only. (Any declaration form submitted in an old format will not be accepted and he will not be counted as a Resident)