

NAME OF THE COLLEGE : _____

	I	II	III	IV
Date of Assessment				
Accepted? (YES/NO/ABSENT)				
Name of the Assessor				
Signature of Assessor				

DECLARATION FORM : 2013 - 2014 - FACULTY

1.(a) Name.....

1.(b) Date of Birth & Age

1.(c) Recent Passport size photo of the Employee
Signed by Dean / Principal of the college.

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

PHOTOGRAPH TO
BE
COUNTERSIGNED
BY THE
DEAN/PRINCIPAL

Number Issued by

(Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty)

1.(e) i. Present Designation: _____

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

1.(e)ii. Department: _____

1.(e) iii. College: _____

1.(e)iv. City: _____

1.(e) v. Nature of appointment: Regular / Contractual.

1.(f) Residential Address of employee :

1.(g) Have you undergone Training in "Basic Course Workshop" at MCI Regional Centre in MET?

Yes

No

If yes, where and when.

Name of MCI Regional Centre where Training was done	Dates of training

1.(h) **Copy of Passport /Voter Card / Electricity Bill /Telephone Bill attached as a proof of residence.**

1.(i) Contact Particulars: Tel (Office): _____(with STD code)

Tel (Residence): _____ (with STD code)

E-mail address: _____

Mobile Number: _____

1. (j) Date of joining present institution : _____ as _____

1. (j)a Joining report at the present 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	Period	
			From	To
1.				
2.				
3.				
4.				
5.				

4.(a) Before joining present institution I was working at _____ as _____ and relieved on _____ after 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. Number of Research publications in Journals during the last 3 (Three) academic years :

5.(a) International Journals: _____

5.(b) National Journals: _____

5.(c) State/Other Journals: _____

6.(a) My PAN Card No. is _____.

6.(b) I have drawn total emoluments from this college in the current financial year as under:-

	Amount Received	TDS
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		

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

DECLARATION

1. I, Dr. _____ am working as _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am a full time teacher in _____, working from _____ A.M. to _____ P.M. daily at this Institute.
2. I have not presented myself to any other Institution as a faculty in the current academic year for the purpose of MCI assessment.
3. I am not having private practice anywhere **OR** I am practicing at _____ in the city of _____ and my hours of practice are _____ to _____.
4. Complete details with regard to work experience has been provided & nothing has been concealed by me.
5. 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 EMPLOYEE

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 declaration and endorses the above mentioned declaration as true and correct. **I have verified the certificates / documents submitted by the candidate with the original certificates/documents as submitted by the teacher to the Institute and with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that Dr. _____ is not practicing or carrying out any other activity during college working hours i.e. from _____ to _____, since he/she has joined the Institute.
3. In the event of this declaration turning out to be either incorrect 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
Director/Dean/Principal

REMARKS

<u>S.No</u>	<u>Documents</u>	<u>Submitted</u>
1.	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes / No
2.	Photo ID proof issued by Govt. Authorities : Passport / PAN Card / Voter ID	Yes / No
3.	Certified copies of present appointment order at present Institute.	Yes / No
4.	Copy of Passport / Voter Card / Electricity Bill / Telephone Bill Attached as a proof of residence.	Yes / No
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 held before joining present institute.	Yes / No
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 Teacher:

Date :

Signed by the HOD:

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 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 : _____

	I	II	III	IV
Date of Assessment				
Accepted? (YES/NO/ABSENT)				
Name of the Assessor				
Signature of Assessor				

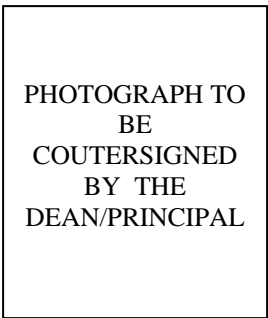
DECLARATION FORM : 2013 – 2014 – RESIDENT (SR/JR)

1.(a) Name.....

1.(b) Date of Birth & Age

1.(c) Medical Reg. Council Number

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

(Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty)

1.(f) i. Present Designation:_____

1.(f)(i)a Certified copies of present appointment order at present institute 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 :

1.(g)ii. Permanent Address of employee :

1.(h) **Copy of Passport/Voter Card / Telephone Bill / Electricity Bill, a proof of residence.**

1.(i) Contact Particulars: Tel (Office): _____ (with STD code)
 Tel (Residence): _____ (with STD code)
 E-mail address: _____
 Mobile Number: _____

1.(j) Date of joining present institution : _____ as _____

1.(k)a Joining report at the present 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 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

Designation	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					
Senior Resident 1					
Senior Resident 2					
Senior 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)

DECLARATION

1. I, Dr. _____ am working as _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am a Regular Resident in _____, and am staying in Room No. _____ in the Residents' Hostel in the college premises.

2. I have not worked at any other medical college/institution or presented myself at any Assessment in the current academic year.

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:

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 declaration and endorses the abovementioned declaration as true and correct. **I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents 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 working 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, since he/she has joined the Institute.
3. In the event of this declaration turning out to be either incorrect 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
Director/Dean/Principal

REMARKS

<u>S.No</u>	<u>Documents</u>	<u>Submitted</u>
1.	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes / No
2.	Photo ID proof issued by Govt. Authorities : Passport Copy / PAN Card / Voter ID	Yes / No
3.	Certified copies of present appointment order at present institute.	Yes / No
4.	Copy of Passport /Voter Card / Telephone Bill / Electricity Bill, a proof of residence.	Yes / No
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 before joining present institute.	Yes / No
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)