

How to fill Declaration Form in Smuerp? Please fill the form in Capital letters

- Open Declaration form in Smuerp.

Login to smuerp and then click on Declaration form link as shown below:

Declaration form(faculty)/(resident)

Rights Available

SMUERP RIGHTS
Login rights control how security principals are allowed to access SMUERP—whether from the keyboard or through a network connection. For each login method, there exists a pair of login rights—one to allow logging on to SMUERP and another to deny logging on to the SMUERP.

So depending upon your job profile the following rights are allotted to you.

- >> Administration
- >> Investigation
- >> Billing Section
- >> Medical Record Department
- >> Human Resource Department
- >> Out Patient Department

Quick Links

- >> My Profile **NEW** Form16 Uploaded
- >> Support @ smuerp
- >> My Attendance (CATS)
- >> My Biometric Attendance
- >> Leave Application[2]
- >> Employee Appraisal[9]
- >> Employee Appraisal Review[79]
- >> **New Joining[12]**
- >> Budget 2017-18 **NEW**
- >> **Declaration Form (Faculty) NEW**
- >> Today's Birthday List
- >> Holiday Calendar
- >> SMU Contacts

After clicking Declaration Form Link, following window will open: **Section 1**

DECLARATION FORM: FACULTY

(Note: It is responsibility of Dean, HOD & faculty to submit only the declaration form of faculty who has not appeared for assessment in any other college during the academic year and working as full time)

Section 1

1.(a) Name 1.(b) Date of Birth & Age

1.(c) Submit Photo ID proof issued by Govt. Authorities:
Photo ID Number Issued by
Passport Cop.

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

1.(d)iii. Department 1.(d)iv. College 1.(d)v. City 1.(d)vi. Nature of Appointment

1.(d)vii. Date of appearance in Last MCI-UG/PG/Any other Assessment Date In Which College

1.(d)viii. Whether appeared and accepted in Last MCI-UG/PG Assessment in the same vii. Institute viii. Designation

1.(d)ix. Whether you have retired from Government medical college Choice if Yes Designation

Note: There are **6 sections** of the form. In order to go to other sections the data in the first section has to be entered and saved using the **Save & continue** button. Once the data is saved you will be directed to **Section 2** as shown in below picture:

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Section 2

1.(e)(a) Present Residential Address of Employee:

1.(e)(b) Permanent Residential Address of Employee:

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

1.(h) Contact Particulars
Tel(Office) With STD Code Tel(Residence) With STD Code E-mail address Mobile Number

1.(i) Date of Joining present Institution
Date Joined as

1.(j) Joining report at the present institue attached

You can navigate back to Section 1 using the **Previous button** or fill the details and Save & Continue or else go to next Section (i.e section 3) using the **View next button**. You can also fill the details later for this particular section. For now let us go to next Section by clicking Save & Continue.

Section 3

DECLARATION FORM: FACULTY

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Section 3

2. Qualifications

Qualification	Subject	College	University	Year	Registration No. with Date	Name of the State Medical Council
MBBS	<input type="text" value="Subject"/>	<input type="text" value="Manipal"/>	<input type="text" value="University"/>	<input type="text" value="Year"/>	Registration no <input type="text"/> Date <input type="text"/>	State <input type="text"/>
MD/MS/DNB/PHD	<input type="text" value="PHD"/>	<input type="text" value="College"/>	<input type="text" value="University"/>	<input type="text" value="Year"/>	Registration no <input type="text"/> Date <input type="text"/>	State <input type="text"/>
DM/M.CH	<input type="text" value="Subject"/>	<input type="text" value="TEst College"/>	<input type="text" value="University"/>	<input type="text" value="Year"/>	Registration no <input type="text"/> Date <input type="text"/>	State <input type="text"/>
Other	<input type="text" value="Subject"/>	<input type="text" value="College"/>	<input type="text" value="University"/>	<input type="text" value="Year"/>	Registration no <input type="text"/> Date <input type="text"/>	State <input type="text"/>

Note: For PG-Post PG qualification additional Registration certificate particulars be furnished and subject be offer scoring out whichever is not applicable.

2.(a) Copy of Degree Certificate of MBBS and PG degree attached

2.(b) Copy of Registration of MBBS and PG degree attached

3.(a) Details of the teaching experience till date

Designation	Department	Institution	From	To	Total Exp in years & months
Junior Resident	<input type="text" value="testing"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	
	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	

	Department	Institution	From	To	months
Junior Resident	<input type="text" value="testing"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	
	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	
	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	
Senior Resident	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	
	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	
	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	
Tutor	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	
	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	
	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	
Assistant Professor	<input type="text" value="testing"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	
	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	
	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	
Associate Professor	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	
	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	
	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	
Professor	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	
	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	
	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	

Note: Tutor/Resident working in Anaesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permitted medical institute to be consider as senior resident.

This fields will auto update when you upload documents in Section 6

In Section 3 Qualification and Experience details needs to be entered.

Section 4:

DECLARATION FORM: FACULTY

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Only for ExArmy Personnel only

Section 4

3.(b) to be filled in by Ex Army Personnel Only:

Designation	Institution	From	To
Graded Specialist	texting	06/07/2017	
Classified Specialist			
Advisor			

Note: Have you been considered in any UG/PG inspection at any other institution/medical college during last 3years. if yes, please give details

4. Before joining present institution I was working at

as

and relieved on

after

5. Number of Research publications in Index Journals

5.(a) International Journals

5.(b) National Journals

5.(c) State/Institutional Journals

5.(d) Publications

Publication Year

Publication Type

Citation

2017

Abstract

Testing

6.(a) My PAN Card No. is

6.(b) My Aadhar Card No. is

Publication List.

Add or Delete publications.

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

Month	Amount Received	TDS
April 2017	5678	56789
May 2017	5768	5678
June 2017	756	45
July 2017	78694657	86457
August 2017	864657	874
September 2017	5675	8765
October 2017	6576	5786
November 2017	0	0
December 2017	0	0
January 2018	0	0
February 2018	0	0
March 2018	0	0

6.(d) Copy of my PAN & Form 16 (TDS certificate) for financial year 2016-2017 are attached

Yes

This field will be Updated from Section 6. After uploading the document.

Previous

View Next

Save & Continue

Similar to all other sections enter the data in Section 4 accordingly. You can add or delete publication data in this section.

Section 5

DECLARATION FORM: FACULTY

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Section 5

DECLARATION

1. I, Dr. am working as in the Department of at
 Name is required Designation is required Department is required

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 Medical College / Institution as a faculty / Resident in hte 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
 .Further I state that I am not doing any Private Practice or not working in any other hospital during college hours.

4. Complete details with regard to work experience has been provided & nothing has been concealed by me.

5. I am not working in any other medical college/dental college in the State or outside the State in any capacity: Regular/Contractual/Adhoc-- Full time/Part time/Honorary.

These are Compulsory fields.

6.

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).

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.

Not Required

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.

Previous

View Next

Save & Continue

In this Section one must only enter the data in row no 1 and 3. The row no 1 is compulsory and as shown in the picture above if it is not entered then the form itself request you to enter the details unless and until it is entered the data in this section will not be saved.

If data is entered and successfully saved we move on to the last section i.e. **Section 6**

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Section 6					
Sl.No	Documents	Remarks	Submitted	Action	
1.	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	testing	Yes	<input type="button" value="Browse..."/> No file selected.	<input type="button" value="Upload"/> <input type="button" value="Download"/>
2.	Photo ID proof issued by Govt. Authorities: Passport / PAN Card / Voter ID / Aadhar Card	testing pan	Yes	<input type="button" value="Browse..."/> No file selected.	<input type="button" value="Upload"/> <input type="button" value="Download"/>
3.	Certified copies of present appointment order at present Institute		No	<input type="button" value="Browse..."/> No file selected.	<input type="button" value="Upload"/> <input type="button" value="Download"/>
4.	Copy of Passport/Voter Card/Electricity Bill/Telephone Bill/Aadhar Card/Dean's allotment letter attached as a proof of present residence.		No	<input type="button" value="Browse..."/> No file selected.	<input type="button" value="Upload"/> <input type="button" value="Download"/>
4. (a)	Copy of Passport/Voter Card/Electricity Bill/Telephone Bill/Aadhar Card attached as a proof of permanent residence.		No	<input type="button" value="Browse..."/> No file selected.	<input type="button" value="Upload"/> <input type="button" value="Download"/>
5.	Joining report at present institute		Yes	<input type="button" value="Browse..."/> No file selected.	<input type="button" value="Upload"/> <input type="button" value="Download"/>
6.	Copies of Degree certificates of MBBS and PG degree		No	<input type="button" value="Browse..."/> No file selected.	<input type="button" value="Upload"/> <input type="button" value="Download"/>

Browse and select the file to upload, enter the remarks (not mandatory). and then click upload.

Note: if the document is uploaded successfully the submitted field will change from No to Yes. And if you click the download button you can view the uploaded file.

Also note there are certain constraints while uploading the file eg. the file size must not exceed certain limits or the type of the file must be .pdf/.jpeg etc. System will notify in case of such scenarios.

This section allows you

to upload the required documents in the system. Once uploaded it will be available for download any time. In cases where you need to change the document that has already been uploaded , you need to upload the new document (note : the old document will be replaced automatically.).

For Further Queries or Assistance –

Please drop an email at sulochan.thapa@smims.smu.edu.in or call at ext. 555.

Note:

1. The declaration form is mapped with each faculty/resident , therefore one must fill the form using their own SMUERP login id.
2. In case of residents the fields in the form may be different, however same process explained above can be followed.