

NAME OF THE COLLEGE : PONDICHERRY INSTITUTE OF MEDICAL SCIENCES

DECLARATION FORM : 2018-19 – RESIDENT (SR/JR)

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

1.(a) Name : Dr. Jemie Rachel Johns

1.(b) Date of Birth & Age : 10.09.1991, & 26 years

1.(c) Submit Photo ID proof issued by Govt. Authorities :

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card.

Number XXXXXXXXXX Issued by INCOME TAX DEPARTMENT



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 : **Junior Resident**

1.(d)ii. Department : **Anaesthesiology**

1.(d) iii. College : **Pondicherry Institute of Medical Sciences**

1.(d)iv. City : **Pondicherry**

1.(d)v. Date of appearance in Last MCI - UG/PG/Any Other Assessment **21-08-2017** in which college **Pondicherry Institute of Medical Sciences**

1.(d)vi Whether appeared and accepted in Last MCI - UG/PG Assessment in the same Institute - Yes/No

1.(d)vii Whether appeared and accepted in Last MCI - UG/PG Assessment on same Designation - Yes/No

1.(e)i. Campus Address of Resident : Room No. 549,
Resident's Hostel,
PIMS Campus,
Kalapet, Pondicherry

3. Details of the teaching experience till date.

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident 1	Anaesthesiology	Pondicherry Institute of Medical Sciences	17.05.2016	Till date	
Junior Resident 2					
Junior Resident 3					
Senior Resident					

4.(a) Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning (**Relieving order is enclosed from the previous institution**).

5. I have drawn total stipend from this college in the current financial year as under.

Month	Amount Received
September 2016	40000
October 2016	40000
November 2016	40000
December 2016	40000
January 2017	40000
February 2017	40000
March 2017	40000
April 2017	40000
May 2017	42000
June 2017	42000
July 2017	42000
August 2017	42000

DECLARATION

1. I, **Dr.Jemie Rachel Johns** am working as **Junior Resident** in the Department of Anaesthesiology at **Pondicherry Institute of Medical Sciences** Medical College and do hereby give an undertaking that I am a Full time Regular Resident in Anaesthesiology, and am staying in Room No. 549 in the Residents' Hostel in the college premises.