

NAME OF THE COLLEGE : PONDICHERRY INSTITUTE OF MEDICAL SCIENCES

DECLARATION FORM : 2019-20 – 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. Amoolya Kamalnath**
- 1.(b) Date of Birth & Age : **20/09/1981, 37 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 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 : **Senior Resident**
- 1.(d)ii. Department : **Anaesthesiology**
- 1.(d) iii. College : **Pondicherry Institute of Medical Sciences**
- 1.(d)iv. City : **Puducherry**
- 1.(d)v. Date of appearance in Last MCI - **UG/PG/Any Other Assessment 12-12-2018** 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 / Present address of Resident :
Room No. 214,
Second floor, PIMS Campus, Kalapet,

3. Details of the teaching experience till date.

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident 1	Anesthesiology	Jawaharlal Nehru Medical College	April 2008	May 2010	2 years
Junior Resident 2	Anesthesiology	PES Institute of Medical Sciences & Research	May 2011	May 2013	2 years
Junior Resident 3					
Senior Resident	Anesthesiology	Pondicherry Institute of Medical Sciences	14-11-2018	Till date	

4 .(a) Before joining present institution I was working not anywhere due to personal reasons

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

Month	Amount Received
April 2018	-
May 2018	-
June 2018	-
July 2018	-
August 2018	-
September 2018	-
October 2018	-
November 2018	44833
December 2018	75000
January 2019	75000
February 2019	
March 2019	

DECLARATION

1. I, **Dr. Amoolya Kamalnath** am working as **Senior 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. 214 in the Residents' Hostel in the college premises.
2. Further, I state that I am not doing any Private practice or not working in any other hospital also at any time.