

**DECLARATION FORM : 2019-20 - 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)



1.(a) Name : Dr. M. MANIKANDAN

1.(b) Date of Birth & Age : 13.02.1987 & 32 Yrs

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 : **Associate Professor cum Statistician**

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

1.(d)ii. Department : **Community Medicine**

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

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

1.(d) v. Nature of appointment: (a) Regular / Contractual / Adhoc : **Regular**  
(b) Full time / Part time / Honorary: **Full time**  
(c) With or Without Private Practice: **Without**

1.(d)vi. Date of appearance in Last MCI - UG/PG/~~Any Other~~ Assessment **08-04-2019**  
in which college **Pondicherry Institute of Medical Sciences**

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

1.(d)viii Whether appeared and accepted in Last MCI - UG/PG Assessment on same Designation - **Yes**

1.(d)ix Whether you have retired from Government medical college - Yes / **No** If Yes, Designation\_\_\_\_\_

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

2. (a) **Copy of Degree certificates of MBBS and PG degree attached - Yes/~~No~~**

2. (b) **Copy of Registration of MBBS and PG degree attached - Yes/~~No~~**

3 (a). 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
Lecturer/Statistician	Community Medicine	Pondicherry Institute of Medical Sciences	23.07.2014	6-10-2014	2 ½ months
Assistant Professor cum Statistician	Community Medicine	Pondicherry Institute of Medical Sciences	7-10-2014	01-11-2018	4 years 25 days
Associate Professor cum Statistician	Community Medicine	Pondicherry Institute of Medical Sciences	02-11-2018	Till Date	
Professor					

3(b). To be filled in by Ex Army Personnel only:

S.No.	Designation	Institution	Period	
			From	To
1.	Graded Specialist			
2.	Classified Specialist			
3.	Advisor			

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

4. Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning.