

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. Abhilasha Nair**

1.(b) Date of Birth & Age : **08-03-1984, 35 years**

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number



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 : **Assistant Professor**

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 _____ in which college _____

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/No

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
Junior Resident	Community Medicine	Dr. S.C.G. M.C. Nanded, Maharashtra	2013	2016	3 years
Senior Resident					
Tutor					
Assistant Professor	Community Medicine	Government Medical College, Aurangabad Pondicherry Institute of Medical Sciences	05-10-2016 15-04-2019	03-10-2017 Till date	1 year
Associate Professor					
Professor					

3(b). **To be filled in by Ex Army Personnel only: NOT APPLICABLE**

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 **Government Medical College, Aurangabad** as **Assistant Professor** and relieved on **03-10-2017** after resigning.