DECLARATION FORM: 2018-19 - 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. Sajani**

1.(b) Date of Birth & Age : **20.08.1971, 46 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 : **Professor & HOD**

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

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

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

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

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 21-08-2017

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/No

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

Designation____

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					
Senior Resident					
Tutor	Dental	Mahatma Gandhi Post Graduate of Dental Sciences	2003	2006	3 years
Assistant Professor	Dental	Pondicherry Institute of Medical Sciences	01/09/06	05/09/2011	5 yrs
Associate Professor	Dental	Pondicherry Institute of Medical Sciences	06/09/2011	15/05/2017	5 years 8 months
Professor	Dental	Pondicherry Institute of Medical Sciences	16/05/2017	Till date	

Note:- Tutor / Resident working in Anesthesia 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.

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

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

	2	d in any UG/PG inspection at any o s, please give details. NO	other institution/	'medical college	
! .	Before joining present institution I was working at a				
		and relieved on _		afte	
	resigning.				