

**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. K. Suresh Babu**

1.(b) Date of Birth & Age : **07-05-1988, 30 years**

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

**Photo ID submitted :**

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

Number **DSCPS1544E** 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 : **Dentistry**

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~~ **09-07-2018**  
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 - **No appeared as Senior Resident**

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	Dentistry	Indira Gandhi Institute of Dental Sciences	28-05-2014	13-06-2017	3 years 1 month
Senior Resident	Dentistry	Pondicherry Institute of Medical Sciences	01-08-2017	01-08-2018	1 year
Tutor					
Assistant Professor	Dentistry	Pondicherry Institute of Medical Sciences	02-08-2018	Till date	
Associate Professor					
Professor					

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

S.No.	Designation	Institution	Period	
			From	To
1.	<b>Graded Specialist</b>			
2.	<b>Classified Specialist</b>			
3.	<b>Advisor</b>			

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. NO

4. Before joining present institution I was working at Indira Gandhi Institute of Dental Sciences as Junior Resident and relieved on 13-06-2017 after resigning.