

**NAME OF THE COLLEGE : PONDICHERRY INSTITUTE OF MEDICAL SCIENCES**

**DECLARATION FORM : 2018-19 – 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. Jeyaraj**
- 1.(b) Date of Birth & Age : **15.12.1976, 40 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 Income tax department

**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 : **Dentistry**
- 1.(d) iii. College : **Pondicherry Institute of Medical Sciences**
- 1.(d)iv. City : **Pondicherry**
- 1.(d)v. Date of appearance in Last MCI - **UG/PG/Any Other Assessment 21-08-2017\_** 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. -202,  
Hospital Annexe ,  
PIMS Campus,  
Kalapet, Pondicherry - 605014

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	Dentistry	Pondicherry Institute of Medical Sciences	01.02.2002	02.08.2013	11 yrs 6ms
Junior Resident 2					
Junior Resident 3					
Senior Resident	Dentistry	Pondicherry Institute of Medical Sciences	03.08.2013	Till date	

4.(a) Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning /Transferring /(**Relieving order is enclosed from the previous institution**).

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

Month	Amount Received
September 2016	58212
October 2016	58212
November 2016	58212
December 2016	58212
January 2017	58212
February 2017	58212
March 2017	58212
April 2017	58212
May 17	58212
June 17	58212
July 17	58212
August 2017	58212

### DECLARATION

1. I, **Dr. Jeyaraj am** working as **Senior Resident** in the Department of **\_Dentistry\_** at Pondicherry Institute of Medical Sciences Medical College and do hereby give an undertaking that I am a Regular Resident in **Dentistry** , and am staying in Room No. -202, Hospital Annexe Building- in the college premises.