

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. R. Malathy**
- 1.(b) Date of Birth & Age : **20.09.1987, 29 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 : **Dental**
- 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. 203,
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 | | | | | |
| Junior Resident 2 | | | | | |
| Junior Resident 3 | | | | | |
| Senior Resident | DENTAL | Pondicherry Institute of Medical Sciences | 02.11.2015 | 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 | 30000 |
| October 2016 | 30000 |
| November 2016 | 30000 |
| December 2016 | 30000 |
| January 2017 | 30000 |
| February 2017 | 30000 |
| March 2017 | 30000 |
| April 2017 | 30000 |
| May 2017 | 30000 |
| June 2017 | 30000 |
| July 2017 | 30000 |
| August 2017 | 30000 |

DECLARATION

1. I, **Dr. Malathy** am working as **Senior Resident** in the Department of **Dental** at Pondicherry Institute of Medical Sciences Medical College and do hereby give an undertaking that I am a Regular Resident in **Dental** , and am staying in Room No. **203** in the Hospital Annexe in the college premises.2. Further, I state that I am not doing any Private practice or not working in any other hospital also at any time.