

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

**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. Rajarajeswari N**
- 1.(b) Date of Birth & Age : **30-05-1973, 44 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 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 : **ENT**
- 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~~ **01-02-2018**  
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 - Yes/~~No~~
- 1.(d)ix Whether you have retired from Government medical college - Yes / **No** If Yes, Designation\_\_\_\_\_

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	ENT	Govt. Medical College, Trivandrum (DLO)	2000	2002	2 years
		PIMS (DNB)	2005	2007	2 years
Tutor	ENT	JJM Medical College	March 2003	March 2004	1 year
Senior Resident	ENT	Pondicherry Institute of Medical Sciences	24-03-2004	14-12-2007	2 years 9 months
Assistant Professor		Pondicherry Institute of Medical Sciences	15-12-2007	07-04-2010	2 years 8 months
		Pondicherry Institute of Medical Sciences	22-01-2018	Till date	
Associate Professor					
Professor					

**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	
			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. NO

4. Before joining present institution I was working at Pondicherry Institute of Medical Sciences as Assistant Professor and relieved on 07-04-2010 after resigning.