

**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. Glynis Florence Francis**
- 1.(b) Date of Birth & Age : **21-11-1992, 25 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 : **Junior Resident**
- 1.(d)ii. Department : **ENT**
- 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 \_\_\_\_\_ in which college \_\_\_\_\_
- 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.**  
**PIMS Campus, Kalapet,**  
**Kanagachettikulam,**  
**Puducherry -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 | ENT        | Pondicherry Institute of Medical Sciences | 18-05-2018    | Till date   |                                    |
| Junior Resident 2 |            |   |               |             |                                    |
| Junior Resident 3 |            |   |               |             |                                    |
| Senior Resident   |            |   |               |             |                                    |

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 |
|----------------|-----------------|
| April 2017     |                 |
| May 2017       |                 |
| June 2017      |                 |
| July 2017      |                 |
| August 2017    |                 |
| September 2017 |                 |
| October 2017   |                 |
| November 2017  |                 |
| December 2017  |                 |
| January 2018   |                 |
| February 2018  |                 |
| March 2018     |                 |

#### DECLARATION

1. I, **Dr. Glynis Florence Francis** am working as **Junior Resident** in the Department of **ENT Medicine** at **Pondicherry Institute of Medical Sciences** Medical College and do hereby give an undertaking that I am a Full time Regular Resident in **ENT**, and am staying in Room No. \_\_\_\_\_ in the Residents' Hostel in the college premises.