

NAME OF THE COLLEGE : PONDICHERRY INSTITUTE OF MEDICAL SCIENCES

DECLARATION FORM : 2019 - 20 – 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. Allen Aloysius D'silva

1.(b) Date of Birth & Age : 04.10.1987, & 31 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 : Senior Resident

1.(d)ii. Department : General Medicine

1.(d) iii. College : Pondicherry Institute of Medical Sciences

1.(d)iv. City : Puducherry

1.(d)v. Date of appearance in Last MCI - UG/PG/~~Any Other~~ Assessment 07-01-2019 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

1.(d)vii Whether appeared and accepted in Last MCI - UG/PG Assessment on same Designation - Yes

1.(e)i. Campus / Present address of Resident:

Room No. 538,
OPD 4th floor,
PIMS Campus,
Kalapet, Pondicherry-14

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	General Medicine	Pondicherry Institute of Medical Sciences	01.04.2015	31.03.2018	3 years
Junior Resident 2	General Medicine	Pondicherry Institute of Medical Sciences	18-05-2018	02-12-2018	6 months
Junior Resident 3					
Senior Resident	General Medicine	Pondicherry Institute of Medical Sciences	03-12-2018	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
April 2018	
May 2018	60000
June 2018	60000
July 2018	60000
August 2018	60000
September 2018	60000
October 2018	60000
November 2018	60000
December 2018	60000
January 2019	60000
February 2019	
March 2019	

DECLARATION

1. I, **Dr. Allen Alloysius D'silva** am working as **Senior Resident** _ in the Department of **General Medicine** at **Pondicherry Institute of Medical Sciences** Medical College and do hereby give an undertaking that I am a Full time Regular Resident in General Medicine _ and am staying in Room No. 538 in the Residents' Hostel in the college premises.