

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.K.B.Latha**
- 1.(b) Date of Birth & Age :20/03/1961, 56 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 Dept

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 : **Pondicherry**
- 1.(d)v. Date of appearance in Last MCI - UG/PG/Any Other Assessment **06-07-2017** 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. 300,
Hospital Annexe Building,
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	General Medicine	Pondicherry Institute of Medical Sciences	5-4-2010	4-4-2013	3 years
Senior Resident	General Medicine	Pondicherry Institute of Medical Sciences	05-04-2013	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
June 2016	65592
July 2016	65592
August 2016	65592
September 2016	65592
October 2016	65592
November 2016	65592
December 2016	65592
January 2017	65592
February 2017	65592
March 2017	65592
April 2017	65592
May 2017	65592

DECLARATION

1. I, **Dr. Latha** 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 Regular Resident in **General Medicine**, and am staying in Room No. 300, Hospital Annexe Building in the Residents' Hostel in the college premises