

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. Lobzang**
- 1.(b) Date of Birth & Age : **05.01.1965 & 52 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 : **General Surgery**
- 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. 101,
Annexe Hostel
PIMS Campus
Kalapet, Pondicherry

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 Surgery	Pondicherry Institute of Medical Sciences	02.04.2004	01.04.2007	3 years
Junior Resident 2					
Junior Resident 3					
Senior Resident	General Surgery	Pondicherry Institute of Medical Sciences	02.04.2007	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	65156
October 2016	65600
November 2016	66944
December 2016	66807
January 2017	66807
February 2017	66807
March 2017	66807
April 2017	66807
May 2017	66807
June 2017	66807
July 2017	66807
August 2017	66807

DECLARATION

- I, Dr. Lobzang am working as Senior Resident in the Department of General Surgery at PIMS Medical College and do hereby give an undertaking that I am a Regular Resident in PIMS Campus, and am staying in Room No. 101 in the Residents' Hostel in the college premises.
- Further, I state that I am not doing any Private practice or not working in any other hospital also at any time.