

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. SATISH KORAH KURUVILA**

1.(b) Date of Birth & Age : **27/07/1960, 57 years**

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / **PAN Card** / Voter ID / Aadhar Card

Number [REDACTED] Issued by **Income Tax Department, 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 : **Professor**

1.(d)(i)a Certified copies of present appointment order at present institute attached.

1.(d)ii. Department : **Obstetrics & Gynaecology**

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 07-03-2017**
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_____

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 | Obstetrics & Gynecology | Christian Medical College, Vellore | 1-3-1988 16-4-1990 | 28-2-1990 21-5-1991 | 3 years |
| Senior Resident | Obstetrics & Gynecology | Christian Medical College, Vellore | 01-3-1992 10/1992 | 16-09-1992 04/1993 | 1 year |
| Tutor | | | | | |
| Assistant Professor | Obstetrics & Gynecology | Pondicherry Institute of Medical Sciences | 11/03/2002 | 10/03/2007 | 5 years |
| Associate Professor | Obstetrics & Gynecology | Pondicherry Institute of Medical Sciences | 11/03/2007 | 10/03/2011 | 4 years |
| Professor | Obstetrics & Gynecology | Pondicherry Institute of Medical Sciences | 11/03/2011 | Till date | |

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:

| 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.

4. Before joining present institution I was working at Kotagiri Medical Fellowship Hospital as Gynaecologist and relieved on 10.03.2002 after resigning.