

DECLARATION FORM : 2019-20 - 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. Ravi Kumar Barua**

1.(b) Date of Birth & Age : **05-04-1952, 67 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 : **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 : **Puducherry**

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 _____ in which college _____

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 _____

2. (a) Copy of Degree certificates of MBBS and PG degree attached - Yes/No

2. (b) Copy of Registration of MBBS and PG degree attached - Yes/No

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	OBG	JIPMER (DGO)	1977	1979	2 years
		JIPMER (MD)	1979	1982	2 years
Senior Resident	OBG	JIPMER	1984	1988	4 years
Tutor					
Assistant Professor	OBG	Sri Ramachandra University	12-08-1991	27-06-1996	4 years 10 months 15 days
Associate Professor	OBG	Sri Ramachandra University	28-06-1993	18-03-2003	9 years 8 months 20 days
Professor	OBG	Sri Ramachandra University	19-03-2003	30-04-2013	10 years 1 month 11 days
		Saveetha Medical College	10-05-2013	04-11-2017	4 years 5 months 25 days
		Madha Medical College & RI	15-03-2018	04-09-2018	5 months 20 days
		RVS Institute of Medical Sciences,	04-01-2019	04-03-2019	2 months

3(b). To be filled in by Ex Army Personnel only: NOT APPLICABLE

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 RVS Institute of Medical Sciences, as **Professor** and relieved on **04-03-2019** after resigning.