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. Inparasi. G

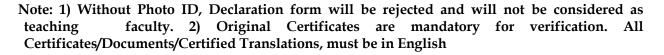
1.(b) Date of Birth & Age: 23.04.1991 & 25 Yrs

1.(c) Submit Photo ID proof issued by Govt. Authorities:

Photo ID submitted:

Passport copy / PAN Card / Voter ID/Aadhar Card.

Number Issued by Govt. of India



1.(d) i. Present Designation : **Junior Resident**

1.(d)ii. Department : **OBG**

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. 210, Hospital Annexe,

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	OBG	Pondicherry Institute of Medical Sciences	31-05-2017	Till date	
Junior Resident 2					
Junior Resident 3					
Senior Resident					

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	
October 2016	
November 2016	
December 2016	
January 2017	
February 2017	
March 2017	
April 2017	
May 2017	
June 2017	40000
July 2017	40000
August 2017	40000

DECLARATION

I, Dr. Inparasi. G am working as Junior Resident in the Department of OBG at Pondicherry
Institute of Medical Sciences Medical College and do hereby give an undertaking that I am
a Full time Regular Resident in OBG, and am staying in Room No. _210_ in the Residents'
Hostel in the college premises.