

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.Amod Hansdak**
- 1.(b) Date of Birth & Age : **25-03-1959 & 60 yrs**
- 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 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 : **Associate Professor**
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department : **Ophthalmology**
- 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~~ **08-04-2019**
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_____

Note: For PG-Post PG qualification additional Registration certificate particulars be furnished and subject be after scoring out whichever is not applicable.

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 | Ophthalmology | All India Institute of Medical Sciences New Delhi | 1991 | 1993 | 3 years |
| Senior Resident | Ophthalmology | DDU Hospital, New Delhi | June 1994 | April 1996 | 2 years |
| Tutor | | | | | |
| Assistant Professor | Ophthalmology | Pondicherry Institute of Medical Sciences | 01-09-2014 | 01-11-2018 | 4 years 2 months |
| Associate Professor | Ophthalmology | Pondicherry Institute of Medical Sciences | 02-11-2018 | Till date | |
| Professor | | | | | |

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. **NO**

4. Before joining present institution I was working at DDU Hospital as Senior Resident and relieved on April 1996 after resigning.