

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. Rajarejewary P.**
- 1.(b) Date of Birth & Age : **08-12-1989, 28 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 : **Junior Resident**
- 1.(d)ii. Department : **Ophthalmology**
- 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 _____ in which college _____
- 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. 116
PIMS Campus, Kalapet,
Kanagachettikulam,
Puducherry -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	Ophthalmology	Pondicherry Institute of Medical Sciences	17-05-2018	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
April 2017	
May 2017	
June 2017	
July 2017	
August 2017	
September 2017	
October 2017	
November 2017	
December 2017	
January 2018	
February 2018	
March 2018	

DECLARATION

- I, **Dr. Rajarajeswary P.** am working as **Junior Resident** in the Department of **Ophthalmology** at **Pondicherry Institute of Medical Sciences** Medical College and do hereby give an undertaking that I am a Full time Regular Resident in **Ophthalmology**, and am staying in Room No. **116** 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.