

NAME OF THE COLLEGE : PONDICHERRY INSTITUTE OF MEDICAL SCIENCES

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. Dilip Kumar Patro**

1.(b) Date of Birth & Age : **07-03-1953, 65 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 : **Orthopaedics**

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~~ **23-04-2018**
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	Orthopaedics	IPGMER (S.S.K.M Hospital, Calcutta)	01-09-1977	29-02-1978	1 yr 3 ms
		SCB Medical College, Cuttack	15-11-1978	31-07-1980	1 yr 9 ms
Senior Resident	Orthopaedics	JIPMER	22-10-1980	21-10-1983	3 years
Tutor					
Assistant Professor		NIMS, Hyderabad	08-10-1986	11-12-1987	1 year 2 months
		JIPMER	15-12-1987	05-02-1980	2 years 2 months
Associate Professor		JIPMER	06-02-1980	14-12-1995	5 year 10 months
Professor	Orthopaedics	JIPMER	15-12-1995	31-03-2018	22 years 3 months
		Pondicherry Institute of Medical Sciences	06-04-2018	Till date	

Note:- Tutor / Resident working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permited medical institute to be consider as senior resident.

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 **Professor** as **JIMPER** and relieved on 31-03-2018 after resigning.