

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. Naveen Sake**
- 1.(b) Date of Birth & Age : **13/12/1991, 36 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 : **Assistant 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 : **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_____

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	Narayana Medical College & Hospital, Nellore	30-04-2012	29-04-2015	3 years
Senior Resident	Orthopaedics	A.C.S.R. Govt. Medical College	16-07-2015	15-07-2016	1 year
Tutor					
Assistant Professor	Orthopaedics	Pondicherry Institute of Medical Sciences	21-11-2018	Till date	
Associate Professor					
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.

4. Before joining present institution I was working at **A.C.S.R. Govt. Medical College** as **Senior Resident** and relieved on **15-07-2016** after resigning