

**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. Rajagopalan N.**
- 1.(b) Date of Birth & Age : **24.07 1951 & Age 67 yrs**
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
**Photo ID submitted :**  
**Passport copy / PAN Card / Voter ID / Aadhar Card**

Number **AAJPR7339A** 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 : **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 **\_NIL\_** 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	JIPMER, PONDICHERRY	01-04-1976 11.04.1979	31.03.1978 31.03.1981	4 years
Senior Resident	Orthopaedics	JIPMER, PONDICHERRY	28-6-1978	11-04-1979	9 months
Tutor	Orthopaedics	Kottayam Medical College, Kottayam	30.04.1981	15.09.1981	4 months
Assistant Professor	Orthopaedics	Central Hospital, Alfatah University	20.04.1985	31.03.1993	7 yrs 11 months
Associate Professor	Orthopaedics	Rajah Muthaiah Medical College, Chidambaram	21.05.1993	23.4.1996	2 yrs 11 months
Professor	Orthopaedics	Rajah Muthaiah Medical College, Chidambaram	24.4.1996	05.09.1996	4 months
Professor	Orthopaedics	St.Johns Medical College, Bangalore	06.09.1996	23.07.2011	14 yrs 10 months
Professor	Orthopaedics	Indira Gandhi Medical College & Research Institute, Puducherry	25.07.2011	30.04.2013	1 yr 9 months
Professor	Orthopaedics	Raja rajeswari Medical College & Hospital, Bangalore	01.05.2013	01.07.2015	2 yrs 2 months
Professor	Orthopaedics	Indira Gandhi Medical College & Research Institute, Puducherry	02-07-2015	08-08-2018	3 years 1 month
Professor	Orthopaedics	Pondicherry Institute of Medical Sciences	09-08-2018	Till date	

3(b). To be filled in by Ex Army Personnel only:

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.

Before joining present institution I was working at **Indira Gandhi Medical College & Research Institute, Puducherry** as **Professor** and relieved on **08-08-2018** after resigning.