

**NAME OF THE COLLEGE : PONDICHERRY INSTITUTE OF MEDICAL SCIENCES**

**DECLARATION FORM : 2019-20 – 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. Deepak Nalla**
- 1.(b) Date of Birth & Age : **25-08-1990, 28 years**
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :

**Photo ID submitted :**

Passport copy / **PAN Card** / Voter ID / Aadhar Card.

Number **AZKPN7706 M**

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 : **Senior Resident**
- 1.(d)ii. Department : **Orthopaedics**
- 1.(d) iii. College : **Pondicherry Institute of Medical Sciences**
- 1.(d)iv. City : **Puducherry**
- 1.(d)v. Date of appearance in Last MCI - **UG/PG/Any Other Assessment 03-08-2018** in which college **Pondicherry Institute of Medical Sciences**
- 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. 203  
PIMS Campus, Kalapet,  
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 | Orthopaedics | JIPMER                                    | 2015          | 2018        | 3 years                            |
| Junior Resident 2 |              |   |               |             |                                    |
| Junior Resident 3 |              |   |               |             |                                    |
| Senior Resident   | Orthopaedics | Pondicherry Institute of Medical Sciences | 02-08-2018    | Till date   |                                    |

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 2018     |                 |
| May 2018       |                 |
| June 2018      |                 |
| July 2018      |                 |
| August 2018    |                 |
| September 2018 |                 |
| October 2018   |                 |
| November 2018  |                 |
| December 2018  |                 |
| January 2019   |                 |
| February 2019  |                 |
| March 2019     |                 |

### DECLARATION

- I, Dr. Deepak Nalla am working as Senior Resident in the Department of Orthopaedics\_ at Pondicherry Institute of Medical Sciences Medical College and do hereby give an undertaking that I am a Full time Regular Resident in **Orthopaedics**, and am staying in Room No. 203\_ 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.