

**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. P. Satheesh**

1.(b) Date of Birth & Age : **21-05-1987, 30 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 : **Paediatrics**

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~~ **01-02-2018**  
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 \_\_\_\_\_

**Note:** For PG-Post PG qualification additional Registration certificate particulars be furnished and subject be after scoring out whichever is not applicable.

2. (a) **Copy of Degree certificates of MBBS and PG degree attached - Yes/No**

2. (b) **Copy of Registration of MBBS and PG degree attached - Yes/No**

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	Paediatrics	Post Graduate Institute of Medical Education & Research	01-01-2011	31-12-2013	3 years
Senior Resident	Paediatrics	Post Graduate Institute of Medical Education & Research	10-01-2014	19-07-2014	6 months 10 days
		JIPMER	01-01-2015	31-12-2017	3 years
Tutor					
Assistant Professor	Paediatrics	Pondicherry Institute of Medical Sciences	01-09-2014	31-12-2014	4 months
		Pondicherry Institute of Medical Sciences	17-01-2018	Till date	
Associate Professor					
Professor					

**Note:- Tutor / Resident working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permitted 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