

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. Agalyadevi J.**

1.(b) Date of Birth & Age : 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 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 : **Tutor**

1.(d)(i)a Certified copies of present appointment order at present institute attached.

1.(d)ii. Department : **Pathology**

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 **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					
Senior Resident					
Tutor	Pathology	Pondicherry Institute of Medical Sciences	07-05-2018	Till date	
Assistant Professor					
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/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 _____ as _____ and relieved on _____ after resigning.