## 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. Isabella Topno** 

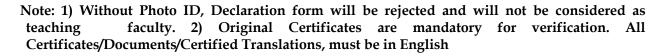
1.(b) Date of Birth & Age : **30.01.1969**, **48 yrs** 

1.(c) Submit Photo ID proof issued by Govt. Authorities :

Photo ID submitted:

Passport copy / PAN Card / Voter ID / Aadhar Card

Number Issued by Income Tax Department



1.(d) i. Present Designation : **Professor & HOD** 

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

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

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 21-8-2017

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\_\_\_\_

## 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	Pharmacology	JIPMER	14-06-1999	31-03-2002	3 years
Assistant Professor	Pharmacology	Pondicherry Institute of Medical Sciences	15.03.2004	15.03.2009	5 years
Associate Professor	Pharmacology	Pondicherry Institute of Medical Sciences	16-03-2009	17-03-2013	4 years
Professor	Pharmacology	Pondicherry Institute of Medical Sciences	18-03-2013	Till date	

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	
	Designation		From	То
1.	Graded Specialist			
2.	Classified Specialist			
3.	Advisor			

Note:	Have you been considered in any UG/PC during last 3 years. If yes, please give d	G inspection at any other institution/medical coletails. NO	lege
1.	Before joining present institution I was working at		
		and relieved on	after
	resigning.		