

NAME OF THE COLLEGE : PONDICHERRY INSTITUTE OF MEDICAL SCIENCES

DECLARATION FORM : 2018-19 – 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. S. Sumitra**
- 1.(b) Date of Birth & Age : **19/08/1989, 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 : **Senior Resident**
- 1.(d)ii. Department : **Psychiatry**
- 1.(d) iii. College : **Pondicherry Institute of Medical Sciences**
- 1.(d)iv. City : **Pondicherry**
- 1.(d)v. Date of appearance in Last MCI - **UG/PG/Any Other Assessment 23-04-2018** 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. 547,
OPD 4th floor, PIMS campus,
Kalapet, Pondicherry - 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 | Psychiatry | Pondicherry Institute of Medical Sciences | 01/04/2015 | 31/03/2018 | 3 years |
| Junior Resident 2 | | | | | |
| Junior Resident 3 | | | | | |
| Senior Resident | Psychiatry | Pondicherry Institute of Medical Sciences | 08-06-2018 | 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 2017 | 42000 |
| May 2017 | 44000 |
| June 2017 | 44000 |
| July 2017 | 44000 |
| August 2017 | 44000 |
| September 2017 | 44000 |
| October 2017 | 44000 |
| November 2017 | 44000 |
| December 2017 | 44000 |
| January 2018 | 44000 |
| February 2018 | 44000 |
| March 2018 | 44000 |

DECLARATION

1. I, **Dr. Sumithra** am working as **Senior Resident** in the Department of **Psychiatry** at **Pondicherry Institute of Medical Sciences** Medical College and do hereby give an undertaking that I am a Full time Regular Resident in **Psychiatry**, and am staying in Room **No. 547** in the Residents' Hostel in the college premises.