

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. Arun Prasath R.**

1.(b) Date of Birth & Age : **19/12/1990, 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 : **Senior Resident**

1.(d)ii. Department : **Pulmonary Medicine**

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 ----- in which college -----

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. 206,
Annexe Hostel,
PIMS Campus,
Kalapet, Pondicherry

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	Pulmonary Medicine	Meenakshi Medical College & Research Institute	15/05/2015	15/05/2018	3 years
Junior Resident 2					
Junior Resident 3					
Senior Resident	Pulmonary Medicine	Pondicherry Institute of Medical Sciences	09-07-2018	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	
May 2017	
June 2017	
July 2017	
August 2017	
September 2017	
October 2017	
November 2017	
December 2017	
January 2018	
February 2018	
March 2018	

DECLARATION

1. I, **Dr. Arun Prasath R.** am working as **Senior Resident** in the Department of **Pulmonary Medicine** at Pondicherry Institute of Medical Sciences Medical College and do hereby give an undertaking that I am a Regular Resident in **Pulmonary Medicine**, and am staying in Room No.206 in the Residents' Hostel in the college premises.