

NAME OF THE COLLEGE : PONDICHERRY INSTITUTE OF MEDICAL SCIENCES

DECLARATION FORM : 2019-20 – 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. Mathew Varghese**
- 1.(b) Date of Birth & Age : **26-05-1987, 31 years**
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :

Photo ID submitted :

Passport copy / **PAN Card** / Voter ID / Aadhar Card.

Number **APZPV1319R** 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 : **Puducherry**
- 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.
PIMS Campus, Kalapet,
Puducherry -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	Pulmonary Medicine	Ravindra Nath Tagore Government Medical College	30-05-2015	29-05-2018	3 years
Junior Resident 2					
Junior Resident 3					
Senior Resident	Pulmonary Medicine	Pondicherry Institute of Medical Sciences	20-08-2018	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 2018	
May 2018	
June 2018	
July 2018	
August 2018	
September 2018	
October 2018	
November 2018	
December 2018	
January 2019	
February 2019	
March 2019	

DECLARATION

1. I, **Dr. Mathew Varghese** 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 Full time Regular Resident in **Pulmonary Medicine**, and am staying in Room No. _____ in the Residents' Hostel in the college premises.