

**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. Archana Mariam Koshy**

1.(b) Date of Birth & Age : **28/07/1991, 27 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 Income Tax Dept

**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 : **Radio diagnosis**

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. 104.  
Annexe Building,  
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	<b>Radio diagnosis</b>	Pondicherry Institute of Medical Sciences	01/04/2015	31/03/2018	3 years
Junior Resident 2					
Junior Resident 3					
Senior Resident	<b>Radio diagnosis</b>	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	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. Archana Mariam Koshy am working as **Senior Resident** in the Department of **Radiology** at **Pondicherry Institute of Medical Sciences** Medical College and do hereby give an undertaking that I am a Full time Regular Resident in **Radiology**, and am staying in Room No. 104 in the Residents' Hostel in the college premises.