

NAME OF THE COLLEGE : KANNUR MEDICAL COLLEGE

Date of Assessment		Remarks
Accepted? (YES/NO)		
Name of the Assessor		
Signature of Assessor		

DECLARATION FORM : 2017 - 2018 - RESIDENT (JR)

1.(a) Name.....Dr. SUHAIBA AMEERA.....

1.(b) Date of Birth & Age31.01.1985/31Y.....

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

Photo ID submitted : ~~Passport copy / PAN Card / Voter ID / Aadhar Card.~~

Number805226534941..... issuedUIAI.



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..... Resident.....

1.(d)ii. Department.....Dermatology.....

1.(d) iii. College.....Kannur Medical College.....

1.(d)iv. City.....Anjarakandy, Kannur-670 612.....

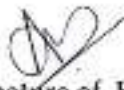
1.(d)v. Date of appearance in Last MCI-UG/PG/Any Other Assessment: NO

1.(d)vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - NO

1.(d)vii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - NO

1.(e)i. Campus Address of Resident : Room No C-331 Resident's Hostel KMC Campus,
Anjarakandy, Kannur - 670 6121.(e)ii. Permanent Address of employee: Rainbow House Artillery Road,
Moonampeedika, Kannur, Kerala-670001

1.(f) Copy of Room Allotment Letter as proof of residence.


Signature of Resident

Signature of Dean

1.(g) Contact Particulars: Tel (Office) : 0497-2855000 (with STD code)
 Tel (Residence): 0497-2708137(with STD code)
 E-mail address : amirajees@gmail.com
 Mobile Number: 9495900636

1.(h) Date of joining present institution.....18.04.2016.....as PG Cum Resident

1.(i) Joining report at the present institute attached.-Yes/No

2. Qualifications :

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Academy of Medical Sciences	Kannur University	2012	45402 11.06.2012	Travancore -Cochin Council
MD/MS (Dermatology)					
DM/M.Ch. (DVD)					

Note: For PG-Post PG qualification additional Registration certificate particulars be furnished and subject be furnished within brackets after scoring out whichever is not applicable.

2.(a) Copies of Degree certificate of MBBS & Diploma certificates attached.-Yes/No

2.(b) Copies of Registration of MBBS attached.-Yes/No

3. Details of the previous appointments/ experience

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident 1	Dermatology	Kannur Medical College	18.04.2016	Onwards	7 mths
Senior Resident 1					

4.(a) Before joining present institution I was working atNA.....
 as.....NA..... and relieved onNA..... after resigning. **(Relieving order is enclosed from the previous institution).**

	Amount Received
April 2016	
May 2016	25794
June 2016	43000
July 2016	43000
Aug 2016	43000
Sept 2016	43000
Oct 2016	43000
Nov 2016	
Dec 2016	
Jan 2017	
Feb 2017	
March 2017	

DECLARATION

1. I, Dr. Suhaiba Ameera am working as Resident in the Department of Dermatology at Kannur Medical College and do hereby give an undertaking that I am a Regular Senior Resident in Dermatology, and am staying in Room No. C-331 in the Residents' Hostel in the college premises.
2. I have not worked at any other medical college/institution or presented myself at any Assessment in the current academic year.
3. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Indian Medical Register).



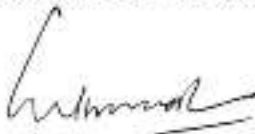
SIGNATURE OF THE RESIDENT

Date:

Place: Anjarakandy

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied ~~himself~~ / herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. **I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the Resident to the institute and with the concerned institute and have found them to be correct and authentic.**
2. I also confirm that Dr. Suhaiba Ameera is working as Regular Resident (i.e. for 24 hours) and is not practicing or carrying out any other activity and is staying in Room No. C-331 of the Residents' Hostel in college premises, since she has joined the Institute.
3. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant ~~himself/herself~~ for any such misdeclaration or misstatement.



Date:

Place: Anjarakandy

Signed by the HOD

Countersigned by the
Director/Dean/Principal

REMARKS

<u>S.No</u>	<u>Documents</u>	<u>Submitted</u>
1.	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes
2.	Photo ID proof issued by Govt. Authorities : Passport Copy / PAN Card / Voter ID	Yes
3.	Certified copies of present appointment order at present institute.	Yes
4.	Copy of Passport /Voter Card / Telephone Bill / Electricity Bill, a proof of residence.	Yes
5.	Joining report at the present institute.	Yes
6.	Copies of Degree certificates of MBBS and PG degree.	Yes
7.	Copies of Registration of MBBS and PG degree.	Yes
8.	Copy of experience certificate for all appointments held before joining present institute.	No
9.	Relieving order from the previous institution.	No
10.	PAN Card	Yes
11.	Form 16 (TDS certificate) for the last financial year.	No
12.	Letter head (in case of Residents who are practicing)	No
13.	Research Publications	No

Signed by the Teacher :



Date :

Signed by the HOD:



Date :

Countersigned by Dean / Principal,

Date :

Signed & Verified by the Assessor :

Date :

NOTE :

1. The Declaration Form will not be accepted and the person will not be counted as Resident if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a Resident if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card / MCI Smart ID Card /State Medical Council ID (if issued) are not produced for verification at the time of assessment.
3. All the Resident must submit the revised declaration form in this format only. (Any declaration form submitted in an old format will not be accepted and he will not be counted as a Resident)