

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 (SR)

1.(a) Name.....DR.SHIYJA K.....

1.(b) Date of Birth & Age..... 04.07.1971 & 45 Yrs.....

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

Photo ID submitted :

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

NumberUXK0378166..... Issued by..... Election Commission of India.....



Shree
PRINCIPAL
KANNUR MEDICAL COLLEGE

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. DepartmentENT.....

1.(d) iii. College:..... KANNUR MEDICAL COLLEGE.....

1.(d)iv. City:..... ANJARAKANDY, KANNUR 670612.....

1.(d)v. Date of appearance in Last MCI- UG/PG/ Any Other Assessment :1st March,2016

1.(d)vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute : Yes

1.(d)vii. Whether appeared in Last MCI-UG/PG Assessment on same Designation :Yes

1.(e)i. Campus Address of Resident :ROOM NO. D10 RESIDENT'S HOSTEL, KMC CAMPUS, ANJKARAKANDY KANNUR 670612

1.(e)ii. Permanent Address of Resident :DOOR NO. 540 B (1/540c) S6, ASWATHI APARTMENT TALIKKAVU, KANNUR 670001

[Signature]
Signature Resident

[Signature]
Signature of Dean

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ANJARAKANDY
KANNUR

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

1.(g) Contact Particulars: Tel (Office) : 0497-2855000 (with STD code)
 Tel (Residence) : 0490-2306544 (with STD code)
 E-mail address : princikmc@anjarakandy.in
 drshyja@gmail.com
 Mobile Number : 9497446819

1.(h) Date of joining present institution20.06.2006..... as ...Junior Resident.....

1.(i) Joining report at the present institute attached. Yes

2. Qualifications :

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Sri Siddhartha Medical College, Tumkur	Bangalore University	Aug 1996	26370 25.04.1998	Travancore - Cochin Medical Council
Diploma in Oto-Rhino-laryngology	Father Muller's Institute of Medical Sciences	Rajiv Gandhi University of Health Sciences	Sep 2005	26370 15.06.2013	Travancore Cochin medical Council

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 certificates of MBBS and PG degree attached - Yes

2.(b) Copies of Registration of MBBS and PG degree attached Yes

3. Details of the previous appointments/experience

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Tutor 1/ JR 1	ENT	KMC Kannur	20.06.2006	30.09.2009	3Yrs 3Mths
Senior Resident 1	ENT	KMC Kannur	01.10.2009	onwards	7 Yrs 1 M

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

5 a) I have drawn total stipend this college in the current financial year as under

	Amount Received
April 2016	49000
May 2016	47333
June 2016	49000
July 2016	49000
Aug 2016	49000
Sept 2016	49000
Oct 2016	49000
Nov 2016	43333
Dec 2016	
Jan 2017	
Feb 2017	
March 2017	

DECLARATION

1. I, Dr. Shyja K, am working as Senior Resident in the Department of ENT at Kannur Medical College and do hereby give an undertaking that I am a Regular Senior Resident in ENT, and am staying in Room No. 100 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

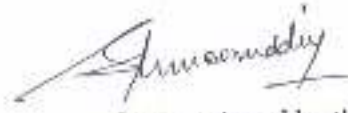
ENDORSEMENT

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. Shyja K is working as Regular Senior Resident (i.e. for 24 hours) and is not practicing or carrying out any other activity and is staying in Room No. 100 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

PRINCIPAL
KANNUR MEDICAL COLLEGE
ANJARAKANDY POST
KANNUR-670 612