

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.VYBILAVI M K.....

1.(b) Date of Birth & Age..... 09.04.1989/27/YRS.....

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

Photo ID submitted :

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

NumberI.1350125 Issued by.....PO



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 : 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. D 11 RESIDENT'S HOSTEL KMC CAMPUS, ANJKARAKANDY KANNUR 670612

1.(c) ii. Permanent Address of Resident: ...#867,8th Main,12th Cross, Saraswathipuram, Mysore-570009

Vybilavi
Signature of Resident

Sunandini
Signature of Dean

PRINCIPAL
KANNUR MEDICAL COLLEGE
ANJARAKANDY POST
KANNUR-670 612

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 : vybhavi999@gmail.com
Mobile Number : 9845249030

1.(h) Date of joining present institution27.06.2016..... as ...Senior 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	Mandya Institute of Medical Sciences	RGUIS	2012	95810 07.04.2012	Karnataka Medical Council
MS	Jawaharlal Nehru Medical College	K.L.E University	Apr 2016	95810 22.08.2016	Karnataka 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
Junior Resident	ENT	Jawaharlal Nehru Medical Science	04.06.2013	04.06.2016	3Yrs
Senior Resident 1	ENT	KMC Kannur	27.06.2016	onwards	5 mths

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	
May 2016	
June 2016	
July 2016	62833
Aug 2016	61750
Sept 2016	65000
Oct 2016	65000
Nov 2016	63000
Dec 2016	
Jan 2017	
Feb 2017	
March 2017	

DECLARATION

1. I, Dr. Vybhavi M 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. D 11 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. Vybhavi M 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. D 11 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

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