

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. ASHFAQ AHMED KHANZADA.....

1.(b) Date of Birth & Age..... 14.08.1953 / 63 yrs.....

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

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

PAN Number.....AEDPK5581P.....Issued by IT Dept 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.....Junior Resident.....

1.(d)ii. Department.....General Medicine.....

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 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. 521 Resident's Hostel
KMC Campus, Anjarakandy, Kannur - 670 612

1.(e)ii. Permanent Address of Resident: Flat No. A3, Block iv, Vaidhya garden,
Kavadipuram, Asramam Road, Kollam (Kerala) 691002

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

Signature of Resident

Signature of Dean
PRINCIPAL
KANNUR MEDICAL COLLEGE
ANJARAKANDY POST
KANNUR-670 612

- 1.(g) Contact Particulars: Tel (Office) : 0497-2855000 (with STD code)
Tel (Residence) : (with STD code)
E-mail address : aakhanzada53@gmail.com
Mobile Number : 09414583480

1.(h) Date of joining present institution : 10.08.2015 as Junior 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	J.L.N. Medical College , Ajmer	University of Rajasthan, Jaipur	1976	6947	Rajasthan Medical Council, Jaipur
MD/MS/DNB ()					
DM/M.Ch. ()					

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/No

2.(b) Copies of Registration of MBBS and PG degree 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	General Medicine	Kannur Medical College, Kannur	10.08.2015	Onwards	1 yrs 3 M
Senior Resident					

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

	Amount Received
April 2016	60000
May 2016	60000
June 2016	60000
July 2016	60000
Aug 2016	60000
Sept 2016	60000
Oct 2016	60000
Nov 2016	
Dec 2016	
Jan 2017	
Feb 2017	
March 2017	

DECLARATION

1. Dr. Ashfaq Ahmed Khanzada, am working as Junior Resident in the Department of General Medicine at Kannur Medical College Medical College and do hereby give an undertaking that I am a Regular Resident in General Medicine, and am staying in Room No. 521 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).

Siddiq
SIGNATURE OF THE RESIDENT

Date:

Place:

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. Ashfaq Ahmed Khanzada 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. 521 of the Residents' Hostel in college premises, since he/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:

Signed by the HOD

Ameeerabdi
Countersigned by the
Director/Dean/Principal

PRINCIPAL
KANNUR MEDICAL COLLEGE
ANJARAKANDY POST
KANNUR-670 612