

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 - FACULTY

1.(a) Name :.....Dr. THAMPAN R C.....

1.(b) Date of Birth & Age :.....17.05.1953/ 63 Years.....

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

Photo ID submitted :

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

Number KL/04/022/0690714 Issued by Election Commission of India.



(Note: 1) Without Photo ID, Declaration form will be rejected and will not be considered. 2) Original Certificates are mandatory for verification. All Certificates/Documents/Certified Translations must be in English.

1.(d) i. Present Designation.....ASSOCIATE PROFESSOR.....

1.(d)(i)a Certified copies of present appointment order at present institute attached.

1.(d)ii. Department.....GENERAL SURGERY.....

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

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

1.(d) v. Nature of appointment: Regular / ~~Contractual~~.

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

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

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

1.(e) Residential Address of employee : "SURABHI", PUTHYATHERU MANDAPAM,
P.O. CHIRAKKAL, KANNUR - 670011.

1.(f) Have you undergone Training in "Basic Course Workshop" at MCI Regional Centre in
MET or in your college under Regional Centre observership?

Yes

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No

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If yes, give details.

Name of MCI Regional Centre where Training was done/ If training was done in college, give the details of the observer from RC	Date and place of training
Govt Medical College, Kozhikode	04.06.2013 to 06.06.2013

Signature of Faculty

Signature of Dean

PRINCIPAL
KANNUR MEDICAL COLLEGE
ANJARAKANDY POST
KANNUR-670612

- 1.(g) Copy of Passport/Voter Card / Electricity Bill /Telephone Bill attached as a proof of residence.
- 1.(h) Contact Particulars: Tel (Office) : 0497-2855000 (with STD code)
 Tel (Residence) : 0497-2779281 (with STD code)
 E-mail address: : rethampan@hotmail.com
 Mobile Number : 91 934 911 3541
1. (i) Date of joining present institution.....01.05.2014.....as.....Associate Professor
1. (j) 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	Govt Medical College, Kozhikode	University of Calicut	Jan 1980	11168 06.03.1981	Travancore - Cochin Medical Council
MS (Gen Surgery)	Govt Medical College, Kozhikode	University of Calicut	Nov 2000	11168 14.01.2002	Travancore - Cochin Medical Council
DM/M.Ch					

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

2. (a) Copy of Degree certificates of MBBS and PG degree attached. Yes
2. (b) Copy of Registration of MBBS and PG degree attached. Yes
- 3 (a). Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident	General Surgery	Govt Medical College, Kozhikode	Nov 1997	Nov 2000	3 years
Senior Resident					
Tutor					
Assistant Professor	General Surgery	Malabar Medical College	01.06.2008	31.05.2013	5 Years
Associate Professor	General Surgery	Malabar Medical College	01.06.2013	30.04.2014	11 M
		Kannur Medical College	01.05.2014	onwards	2 Year 6 M
Professor					

Note:- Tutor/Senior Residents working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permittted medical institute as a Resident.

DECLARATION

1. I, Dr. Thampan RC, am working as Associate Professor in the Department of General Surgery at Kannur Medical College and do hereby give an undertaking that I am a full time teacher in General Surgery, working from 9.00 A.M. to 4.00 P.M. daily at this Institute.
2. I have not presented myself to any other Institution as a faculty in the current academic year for the purpose of MCI assessment.
3. I am not having private practice anywhere
4. Complete details with regard to work experience has been provided & nothing has been concealed by me.
5. 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 EMPLOYEE

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 above mentioned declaration as true and correct. I have verified the certificates / documents submitted by the candidate with the original certificates/documents as submitted by the teacher to the Institute and with the concerned Institute and have found them to be correct and authentic.
2. I also confirm that Dr. Thampan RC is not practicing or carrying out any other activity during college working hours i.e. from 9.00 AM to 4.00 PM, since he 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

Professor & HOD
Dept. of General Surgery
KANNUR MEDICAL COLLEGE
ANJARAKANDY POST
KANNUR-670 612


Countersigned by the
Director/Dean/Principal

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ANJARAKANDY POST
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