

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. SANTOSH KUMAR K Y.....

1.(b) Date of Birth & Age09.02.1979/37 Yrs.....

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
~~Passport copy~~ / PAN Card / Voter ID / Aadhar Card

NumberYYV0021527..... Issued byECI.....



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:.....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 -06.05.2016

1.(d)vii Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No

1.(d)viii Whether appeared in Last MCI - UG/PG Assessment on same Designation -
Yes/No

1.(e) Residential Address of employee : D. No.9E, B.Block, Kannur Heihts,
Aarat Road, Kannur-670001


Signature of Faculty


Signature of Dean

PRINCIPAL
KANNUR MEDICAL COLLEGE
ANJARAKANDY POST
KANNUR-570 612

- 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 ☐

No ☒

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

- 1.(g) Copy of Passport /Voter Card / Electricity Bill /Landline Telephone Bill / Aadhar Card / attached as a proof of residence. Yes/No

- 1.(h) Contact Particulars: Tel (Office): 0497-2855000 (with STD code)

Tel (Residence): 9567884181 (with STD code)

E-mail address: princikmc@anjarakandy.in

Mobile Number: 9567884181

1. (i) Date of joining present institution : 04.08.2016.....asAsso. Professor

1. (j) 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	JJM Medical College, Davanagere	RGUHS	March 2003	66361 19.08.2003	Karnataka Medical Council
(MD/MS/DNB/ PhD)	VIMS, Bellary	RGUHS	March 2007	66361 29.06.2007	Karnataka 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/No

2. (b) Copy of Registration of MBBS and PG degree attached - Yes/No

3 (a). Details of the teaching experience till date.

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident					
Senior Resident	General Surgery	VIMS, Bellery	May-2004	April-2007	3 yrs
Tutor					
Assistant Professor	General Surgery	JJM Medical College, Davanagere	10.08.2007	09.08.2010	3 yrs
		KMC	11.08.2010	11.08.2012	2 Y RS
Associate Professor	General Surgery	KMC	12.08.2012	04.02.2013	5 mths
		AIMS, Kochi	22.02.2016	01.08.2016	5 mths
		KMC	04.08.2016	Onwards	
Professor					

Note:- Tutor working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permitted medical institute to be consider as senior resident.

3(b). To be filled in by Ex Army Personnel only:

S.No.	Designation	Institution	Period	
			From	To
1.	Graded Specialist			
2.	Classified Specialist			
3.	Advisor			

Note: Have you been considered in any UG/PG inspection at any other institution/medical college during last 3 years. If yes, please give details. Yes- Amrita Institute of Medical Sciences,(AIMS) Kochi as Associate Professor, General Surgery, 06.05.2016

4.(a) Before joining present institution I was working at Amrita Institute of Medical Sciences (AIMS)as Associate Professor and relieved on 01.08.2016 after resigning / retiring (Relieving order is enclosed from the previous institution).

4.(b) I am not working in any other medical college/dental college in the State or outside the State in any capacity Regular / Contractual.

5. Number of Research publications in Index Journals:

5. (a) International Journals: _____

5. (b) National Journals: _____

5. (c) State/Institutional Journals: _____

6. (a) My PAN Card No. is BHGPS3355A

6. (b) I have drawn total emoluments from this college in the current financial year as under:-

Month	Amount Received	TDS
April 2016		
May 2016		
June 2016		
July 2016		
August 2016	245000	
September 2016	250000	35000
October 2016	250000	35000
November 2016	250000	35000
December 2016		
January 2017		
February 2017		
March 2017		


6. (c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2015-16 are attached).NA

7. I have appeared in the last inspection of the same College in the same post. (Yes/No)

DECLARATION

1. I, Dr. Santosh Kumar K Y am working asAssociate Professorin the Department ofGeneral Surgery..... at Kannur Medical College and do hereby give an undertaking that I am a full time teacher in General Surgery, working from 9 A.M. to 4 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).

Date: 14/12/2016
Place: Anjarakandy


SIGNATURE OF THE EMPLOYEE

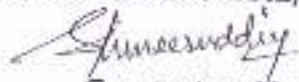
ENDORSEMENT

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. Santosh Kumar K Y is not practicing or carrying out any other activity during college working hours i.e. from 9 AM to 4 PM, 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

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


Countersigned by the
Director/Dean/Principal
PRINCIPAL
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ANJARAKANDY POST
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