

**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. RAJAMMA C.K.....

1.(b) Date of Birth &amp; Age .....30.11.1953.....63Y.....

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



Number ...MYD1362045..... Issued by ..Election Commission 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

PRINCIPAL  
 KANNUR MEDICAL COLLEGE  
 ANJARAKANDY POST  
 KANNUR-670 612

- 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.....OBG.....  
 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 : 1<sup>st</sup> 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 : EPX-322/A, Kanhileri Kuruva, Kannur-670 003  
 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

Signature of Faculty

Signature of Dean

PRINCIPAL  
 KANNUR MEDICAL COLLEGE  
 ANJARAKANDY POST  
 KANNUR-670 612

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) : 0497-2835451 (with STD code)  
E-mail address : drrajamma54@gmail.com  
Mobile Number : 9846006508

1. (i) Date of joining present institution : ...01.12.2008...as... Assistant 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	Govt Medical College, TVM	University of Kerala	Dec 1976	9298 28.02.1978	Travancore - Cochin Medical Council
MD/MS/DNB /PhD ( )	Govt Medical College, Calicut	University of Calicut	Nov 1998	9298 30.08.2007	Travancore - Cochin Medical Council
( D G O )	Govt Medical College, Calicut	University of Calicut	May 1998	9298 30.08.2007	Travancore - Cochin Medical Council

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 previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/Y Y	To DD/MM/YY	Total Experience in years & months
Tutor - JCNIA (PGS) DENT	OBG	Govt Medical College, Calicut	10.12.1995	25.11.1998	3 years
Senior Resident					
Junior Resident					
Assistant Professor	OBG	Kannur Medical College	01.12.2008	31.12.2013	5 years
Associate Professor	OBG	Kannur Medical College	01.01.2014	Onwards	2 yrs 11 mths
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 as a Resident.



3(b). To be filled in by Ex Army Personnel only: Not Applicable

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.

4.(a) Before joining present institution I was working at ....NA.... as .....NA..... and relieved on .....NA..... 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 : 2

5.(b) National Journals : Nil

5.(c) State/Institutional Journals : Nil

6.(a) My PAN Card No. is ...ACNPR0464AN.....

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

	Amount Received	TDS
April 2016	85000	4000
May 2016	85000	4000
June 2016	100000	5000
July 2016	100000	5000
Aug 2016	100000	5000
Sept 2016	100000	5000
Oct 2016	100000	5000
Nov 2016		
Dec 2016		
Jan 2017		
Feb 2017		
March 2017		

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

7. I have appeared in the last inspection of the same College in the same post. (Yes)

### DECLARATION

1. I, Dr. Rajamma C.K, am working as Associate Professor in the Department of OBGat Kannur Medical College and do hereby give an undertaking that I am a full time teacher in OBG, 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. Rajamma C.K, 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:

Signed by the HOD

Professor & HOD  
Dept. of Obstetrics & Gynecology  
KANNUR MEDICAL COLLEGE  
ANJARAKANDY POST  
KANNUR-570 612

Countersigned by the  
Director/Dean/Principal

PRINCIPAL  
KANNUR MEDICAL COLLEGE  
ANJARAKANDY POST  
KANNUR-670 612