

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) NameDr. LALITH SUNDARAM.....

1.(b) Date of Birth & Age :..... 23.04.1977 & 39 Yrs.....

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

Photo ID submitted :

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

Number..... KL/02/014/120083..... 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

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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:OPHTHALMOLOGY.....

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

1.(d)iv. City: ANJAARAKAANDY KANNUR.....

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

1.(d)vi. Date of appearance in Last MCI -UG/PG/Any Other Assessment: 29.07.2016

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 :... 'Aswathi', KUTHUPARAMBA, KANNUR - 670 643

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
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Signature of Faculty

[Handwritten Signature]

Signature of Dean

[Handwritten Signature]

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1.(g) Copy of Passport/Voter Card / Electricity Bill/Telephone Bill/Aadhar Card attached as a proof of residence.

1.(h) Contact Particulars: Tel (Office) : 0497-2855000 (with STD code)
Tel (Residence) : 0490-2364025 (with STD code)
E-mail address : lalithsundaram1977@gmail.com
Mobile Number : 9747792966

1. (i) Date of joining present institution13.01.2010.... as... Assistant 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, Calicut	University of Calicut	Jun 1999	29210 19.10.2000	Travancore - Cochin Medical Council
MS (Ophthalmology)	Armed Forces Medical College, Pune	University of Pune	Jun 2005	29210 04.12.2006	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	Ophthalmology	Armed Forces Medical College, Pune	01.07.2002	30.06.2005	3Yrs
Senior Resident					
Tutor					
Assistant Professor	Ophthalmology	IRT - Perundurai Medical College, Erode	13.10.2008	11.01.2010	1Yr 3M
		KMC Kannur	13.01.2010	06.10.2013	3Yrs 9M
Associate Professor	Ophthalmology	KMC Kannur	07.10.2013	Onwards	3 Yr 1 M
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. No

4. (a) Before joining present institution I was working atIRT - Perundurai Medical College, ErodeasAssistant Professor..... and relieved on11.01.2010..... after resigning. (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 Journals during the last 3 (Three) academic years :

5. (a) International Journals : 2

5. (b) National Journals :

5. (c) State/Other Journals :

6. (a) My PAN Card No. isACSPL7740E.....

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

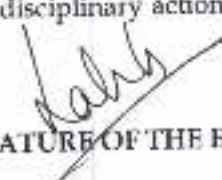
	Amount Received	TDS
April 2016	90000	4000
May 2016	90000	4000
June 2016	90000	4000
July 2016	90000	7000
Aug 2016	90000	7000
Sept 2016	90000	7000
Oct 2016	90000	7000
Nov 2016	90000	15000
Dec 2016		
Jan 2017		
Feb 2017		
March 2017		

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. IDr. Lalith Sundaram..... am working as..... Associate Professorin the Department ofOphthalmology..... at Kannur Medical College and do hereby give an undertaking that I am a full time teacher inOphthalmology..... 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 practicing during my working hours in this Institute
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. Lalith Sundaram, 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:


Signed by the HOD

Place: Anjarakandy


Countersigned by the
Director/Dean/Principal

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