

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. SATHIS CHANDRAN P.....

1.(b) Date of Birth & Age :01.01.1955 / 61 yrs.....

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

Photo ID submitted : Passport copy / PAN Card / Voter ID / Aadhaar Card.

Number J644200D issued by PO.



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 :ORTHOPAEDICS.....

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 : Sreechithira, Pallikunnu, Kannur, Kerala

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/Telephone Bill/Aadhar Card attached as a proof of residence.

1.(h) Contact Particulars: Tel (Office) : 0497-2855000 (with STD code)
Tel (Residence) : 9847151662 (with STD code)
E-mail address : orthopaedics@anjarakandy.in
Mobile Number : 9847151662

1. (i) Date of joining present institution : 01.01.2007 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	CALICUT UNIVERSITY	1978	9737 12.07.2011	Travancore - Cochin Medical Council
MS (Orthopaedics)	GOVT MEDICAL COLLEGE	Kerala UNIVERSITY	1988	9737 12.07.2011	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/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident	Orthopaedics	Govt Medical College	01.04.1995	30.04.1988	3 Yrs
Senior Resident					
Tutor					
Assistant Professor	Orthopaedics	Kannur Medical College	01.01.2007	31.01.2012	5 Y
Associate Professor	Orthopaedics	Kannur Medical College	01.02.2012 01.07.2012 01.12.2014	30.06.2012 30.11.2014 Onwards	0Y 6 M LWA 2 yrs
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 atNA..... asNA..... and relieved onNA..... after completion of the course. (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 : Nil

5.(b) National Journals : Nil

5.(c) State/Other Journals : Nil

6.(a) My PAN Card No. is.....ACGPC6818G

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

	Amount Received	TDS
April 2016	85000	2000
May 2016	95000	2000
June 2016	100000	4000
July 2016	100000	4000
August 2016	100000	4000
September 2016	97500	4000
October 2016	-	-
November 2016	96250	5000
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) yes

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

DECLARATION

1. I, DR. SATHIS CHANDRAN P, am working as Associate Professor in the Department of Orthopaedics at Kannur Medical College and do hereby give an undertaking that I am a full time teacher in Orthopaedics, 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. SATHIS CHANDRAN P 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

Countersigned by the
Director/Dean/Principal

Place: Anjarakandy