

**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 - RESIDENT (JR)**

1.(a) Name..... Dr. VINAYAK M .....

1.(b) Date of Birth &amp; Age ..... 29.06.1987 &amp; 29 Yrs .....

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

**Photo ID submitted : Passport copy / PAN Card / Voter ID / Aadhar**

Number..... AMOPV9765D..... Issued by .....IT.....



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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KANNUR MEDICAL COLLEGE  
ANJARAKANDY POST  
KANNUR-670 612

1.(d) i. Present Designation.....JUNIOR RESIDENT.....

1.(d)ii. Department .....PSYCHIATRY.....

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

1.(d)iv. City ..... ANJARAKANDY, KANNUR - 670 612.....

1.(d)v. Date of appearance in Last MCI - UG/PG/Any Other Assessment: 27.07.2016

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

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

1.(e)i. Campus Address of Resident:.....RQ No...45.. Resident's Hostel, KMC Campus,  
Anjarakandy, Kannur - 670 612.....1.(e)ii. Permanent Address of employee :.....GANESH SADAN POST KONNAKKAD, PARAPPA  
VIA KASARAGOD 671 533.....

Signature of Resident

Signature of Dean

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1.(f) **Copy of Room Allotment Letter as proof of residence.**

1.(g) Contact Particulars: Tel (Office) : 0497-2855000 (with STD code)  
 Tel (Residence) : 04931257243 (with STD code)  
 E-mail address : principal@anjarakandy.in  
 Mobile Number :

1.(h) Date of joining present institution .....30.06.2014...as... Junior Resident....

1.(i) 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	KS Hegde Medical Academy Mangalore	RGUHS	2010	46668 Dtd 22.12.2012	Travancore - Cochin Medical Council
MD/MS					
DM/M.Ch					

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

2.(a) **Copies of Degree certificate of MBBS & Diploma certificates attached.**-Yes/No.

2.(b) **Copies of Registration of MBBS attached.**-Yes/No.

3. Details of the previous appointments/experience

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident 1	PSYCHIATRY	KMC Kannur	30.06.2014	onwards	2 yrs 5 mths
Senior Resident					

4.(a) Before joining present institution I was working at .....NA..... as.....NA..... and relieved on .....NA..... after resigning. **(Relieving order is enclosed from the previous institution).**

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

	Amount Received
April 2016	43000
May 2016	43000
June 2016	44000
July 2016	44000
August 2016	44000
September 2016	44000
October 2016	44000
November 2016	
December 2016	
January 2016	
February 2016	
March 2016	



### DECLARATION

1. I, Dr. Vinayak M, am working as Resident in the Department of Psychiatry at Kannur Medical College and do hereby give an undertaking that I am a Regular Resident in Psychiatry, and am staying in Room No. 45 in the Residents' Hostel in the college premises.
2. I have not worked at any other medical college/institution or presented myself at any Assessment in the current academic year.
3. 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 RESIDENT**

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 abovementioned declaration as true and correct. **I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the Resident to the institute and with the concerned institute and have found them to be correct and authentic.**
2. I also confirm that Dr. Vinayak M is working as Regular Resident (i.e. for 24 hours) and is not practicing or carrying out any other activity and is staying in Room No. 45 of the Residents' Hostel in college premises, 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

Countersigned by the  
Director/Dean/Principal

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