

NAME OF THE COLLEGE :

Date of Assessment		Remarks
Accepted? (YES/NO)		
Name of the Assessor		
Signature of Assessor		

DECLARATION FORM : 2018-19 - FACULTY

(Note : It is responsibility of Dean, HOD & faculty to submit only the declaration form of faculty who has not appeared for assessment in any other college during the academic year and working as full time)

1.(a) Name.....

1.(b) Date of Birth & Age

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number Issued by

RECENT
PHOTOGRAPH TO
BE
COUNTERSIGNED
BY THE
DEAN/PRINCIPAL

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:_____

1.(d)(i)a Certified copies of present appointment order at present institute attached.

1.(d)ii. Department: _____

1.(d) iii. College: _____

1.(d)iv. City:_____

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

(b) Full time /Part time /Honorary_____

(c) With or Without Private Practice_____

1.(d)vi. Date of appearance in Last MCI – UG/PG/Any Other Assessment _____in which college_____

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

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

1.(d)ix Whether you have retired from Government medical college – Yes / No If Yes, Designation_____

Signature of Faculty

Signature of Dean with stamp

1.(e) (a) Present Residential Address of employee :

1.(e) (b) Permanent Residential Address of Employee :

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) : _____ (with STD code)

Tel (Residence): _____ (with STD code)

E-mail address: _____

Mobile Number: _____

1. (l) Date of joining present institution: _____ as _____

1. (j) Joining report at the present institute attached – Yes/No

2. Qualifications:

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS					
MD/MS/DNB /PhD Subject : _____					
DM/M.Ch. Subject : _____					

Note: For PG-Post PG qualification additional Registration certificate particulars be furnished and subject be 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					
Tutor					
Assistant Professor					
Associate Professor					
Professor					

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.

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

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 _____.

6. (b) My Aadhar card No. is _____.

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

Month	Amount Received	TDS
April 2017		
May 2017		
June 2017		
July 2017		
August 2017		
September 2017		

October 2017		
November 2017		
December 2017		
January 2018		
February 2018		
March 2018		

6. (c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2016-17 are attached)

DECLARATION

1. I, Dr. _____ am working as _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am a full time teacher in _____, working from _____A.M. to _____ P.M. daily at this Institute.
2. I have not presented myself to any other Medical College / Institution as a faculty / Resident in the current academic year for the purpose of MCI assessment.
3. I am not having private practice anywhere **OR** I am practicing at _____ in the city of _____ and my hours of practice are _____ to _____. Further I state that I am not doing any Private Practice or not working in any other hospital during college hours.
4. Complete details with regard to work experience has been provided & nothing has been concealed by me.
5. I am not working in any other medical college/dental college in the State or outside the State in any capacity: Regular / Contractual / Adhoc --- Full time / Part time / Honorary.
6. 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:

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. _____ is not practicing or carrying out any other activity during college working hours i.e. from _____ to _____, 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

Countersigned with stamp by the
Director/Dean/Principal

REMARKS

<u>S.No</u>	<u>Documents</u>	<u>Submitted</u>
1.	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes / No
2.	Photo ID proof issued by Govt. Authorities : Passport / PAN Card / Voter ID / Aadhar Card	Yes / No
3.	Certified copies of present appointment order at present Institute.	Yes / No
4.	Copy of Passport /Voter Card / Electricity Bill / Telephone Bill / Aadhar Card / Dean's allotment letter attached as a proof of present residence.	Yes / No
4.(a)	Copy of Passport /Voter Card / Electricity Bill / Telephone Bill / Aadhar Card attached as a proof of permanent residence.	Yes / No
5.	Joining report at the present institute.	Yes / No
6.	Copies of Degree certificates of MBBS and PG degree.	Yes / No
7.	Copies of Registration of MBBS and PG degree.	Yes / No
8.	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes / No
9.	Relieving order from the previous institution.	Yes / No
10.	PAN Card	Yes / No
11.	Form 16 (TDS certificate) for the last financial year.	Yes / No
12.	Letter head (in case of teachers who are practicing)	Yes / No
13.	Copy of U.G. recognized teacher letter from affiliated	Yes / No

	University.	
14	Copy of P.G. recognized teacher letter from affiliated University.(for P.G. Assessment)	Yes / No
15	Copy of Aadhar Card	Yes / No

Signed by the Teacher:

Date :

Signed by the HOD:

Date :

Countersigned with stamp by Dean / Principal:

Date :

Signed & Verified by the Assessor :

Date :

NOTE :

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teacher if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card / State Medical Council ID (if issued) are not produced for verification at the time of assessment.
3. All the teachers must submit the revised declaration form in this format only. (Any declaration form submitted in an old format will not be accepted and he will not be counted as a teacher.)