

**NAME OF THE COLLEGE : SRI SIDDHARTHA MEDICAL COLLEGE -
TUMKUR**

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

DECLARATION FORM : 2017 – 2018 - FACULTY

- 1.(a) Name : Dr. SREEDHARA.M. S
- 1.(b) Date of Birth & Age 06-04-1984
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :

✓

Passport copy / PAN Card / Voter ID / Aadhar Card

Number DOHPS0756M Issued by INCOME TAX DEPT

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 : ASSISTANT PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: : PEDIATRICS
- 1.(d) iii. College: SRI SIDDHARTHA MEDICAL COLLEGE, TUMKUR
- 1.(d)iv. City: ; TUMKUR
- ✓
- 1.(d) v. Nature of appointment: Regular / Contractual.
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment
- 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 :
- BILVA, 8TH MAIN
3RD LINK ROAD, ASHOKA NAGARA
TUMKUR - 572103

Signature of Faculty

Signature of Dean

- 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/ <i>If training was done in college, give the details of the observer from RC</i> | Date <i>and place</i> of training SSMC, TUMKUR Dr. SANJEEV LEWIN |
| | St. John's Medical College, Bangalore |

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

- 1.(h) Contact Particulars: Tel (Office):__0816-2255045_(with STD code)

Tel (Residence): (with STD code)

E-mail address: drsreedharm@gmail.com

Mobile Number: __ 9538760307

1. (i) Date of joining present institution : 01-08-2011_ 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 | JJMMC DAVANGERE | RGUHS | 2007 | 77863 21-07-2007 | Karnataka Medical Council |
| MD/MS/DNB /PhD (MD) | JJMMC, DAVANGERE | RGUHS | 2011 | 77863 21-07-2011 | Karnataka Medical Council |
| DM /MCh () | | | | | |

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/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 | PEDIATRICS | JJMMC DAVANGERE | 04-06-2008 | 15-05-2011 | 3 Years |
| Senior Resident Lecturer | | | | | |
| Senior Resident | | | | | |
| Assistant Professor | PEDIATRICS | SSMC, TUMKUR | 06-07-2011 | 01-02-2013 | 1 Year 7 mnts |
| | PEDIATRICS | SSMC, TUMKUR | 01-05-2013 | TILL DATE | |
| Associate Professor | | | | | |
| 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 to be consider as senior resident.

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.(a) Before joining present institution I was working at _____ as _____ and relieved on _____ 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 03

5.(b) National Journals: _

5.(c) State/Institutional Journals

6.(a) My PAN Card No. is DOHPS9756H

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

| Month | Amount Received | TDS |
|----------------|-----------------|-----|
| April 2016 | | |
| May 2016 | | |
| June 2016 | | |
| July 2016 | | |
| August 2016 | | |
| September 2016 | | |
| October 2016 | | |
| November 2016 | | |
| 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)

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

DECLARATION

1. I, Dr. SREEDHARA. M. S am working as ASSISTANT PROFESSOR in the Department of PEDIATRICS at SRI SIDDHARTHA MEDICAL COLLEGE and do hereby give an undertaking that I am a full time teacher in PEDIATRICS working from 8:00 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 **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. 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. SREEDHARA. M. S . is not practicing or carrying out any other activity during college working hours i.e. from 8:00 AM to 4:00 PM 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 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 attached as a proof of 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✓ |

Signed by the Teacher:

Date :

Signed by the HOD:

Date :

Countersigned 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)