

NAME OF THE COLLEGE : MAHARAJA AGRASEN MEDICAL COLLEGE, AGROHA

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

DECLARATION FORM : 2019-20 – RESIDENT (SR/JR)

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

RECENT PHOTOGRAPH TO BE COUNTERSIGNED BY THE DEAN/PRINCIPAL

- 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

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)ii. Department: _____
- 1.(d) iii. College: _____
- 1.(d)iv. City: _____
- 1.(d)v. Date of appearance in Last MCI - UG/PG/Any Other Assessment _____ in which college _____
- 1.(d)vi Whether appeared and accepted in Last MCI - UG/PG Assessment in the same Institute - Yes/No
- 1.(d)vii Whether appeared and accepted in Last MCI - UG/PG Assessment on same Designation - Yes/No
- 1.(e)i. Campus / Present address of Resident :

Signature of Resident

Signature with stamp of Dean

1.(e)ii. Permanent Address of Resident:

1.(f) **Copy of Room Allotment Letter and permanent residential address proof attached. Yes / No.**

1.(g) Contact Particulars: Tel (Office): _____ (with STD code)
Tel (Residence): _____ (with STD code)
E-mail address: _____
Mobile Number: _____

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

1.(i) 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 Subject : _____					
DM/M.Ch. Subject : _____					

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 certificates of MBBS and PG degree attached - Yes/No**

2.(b) **Copies of Registration of MBBS and PG degree attached Yes/No**

3. 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 1					
Junior Resident 2					
Junior Resident 3					
Senior Resident					

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

5. I have drawn total stipend from this college in the current financial year as under.

Month	Amount Received
April 2018	
May 2018	
June 2018	
July 2018	
August 2018	
September 2018	
October 2018	
November 2018	
December 2018	
January 2019	
February 2019	
March 2019	

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 Regular Resident in _____, and am staying in Room No. _____ in the Residents' Hostel in the college premises.
2. Further, I state that I am not doing any Private practice or not working in any other hospital also at any time.
3. I have not worked at any other medical college/institution or presented myself at any Assessment in the current academic year.

4. 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:

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. _____ is working as full time Regular Resident (i.e. for 24 hours) and is not practicing or carrying out any other activity and is staying in Room No. _____ of the Residents' Hostel in college premises, 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

S.No	Documents	Submitted
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 Copy / PAN Card / Voter ID / Aadhar Card	Yes / No
3.	Certified copies of present appointment order at present institute.	Yes / No
4.	Copy of Allotment Letter by Dean as proof of present residence address.	Yes / No
4.(a)	Copy of Passport /Voter Card / Electricity Bill / Telephone Bill / Aadhar Card attached as a proof of permanent residence address.	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 appointments held before joining present institute.	Yes / No
9.	Relieving order from the previous institution.	Yes / No
10	Copy of Aadhar Card	Yes / No

Signed by the Resident:

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 Resident if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a Resident if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card / MCI Smart ID Card /State Medical Council ID (if issued) are not produced for verification at the time of assessment.
3. All the Resident 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 Resident)