Faculty Declaration Form (For AY _____)

Name of the College: _____

Assessment date	_ _ /_ _ /_ _ _ _	**Remarks and Signature of Assessor**
Accepted	Yes / No	
Assessor's name		

Note: It isthe responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty memberwhois working as a full-time employee has notappeared for assessment in anyother college for any discipline and in any capacity during the stated academic year.

1. Name of Faculty: _____
2. Age & Date of birth: _____ (Years) ____ /____ /_____
3. Photo ID submitted: PAN Card/Aadhar Card/Voter ID/Passport copy

   Number: _____

   Issuing Authority: _____

Attach a recent passport size color photograph with signature and seal of the Principal / Dean across it

Note:
(i) Declaration forms without a valid government issued Photo ID will NOT be accepted.
(ii) It is mandatory to produce Original certificates at the time of verification.
(iii) Only certificates/documents/certified translations in the English language will be accepted.

4. Present Designation: _____
   a. Appointment order: Certified copy of order at this institute attached: Yes / No
   b. Department: _____
   c. College/Institute: _____
   d. City / District: _____
   e. Appointment: (i) Regular/Contractual/Ad-hoc basis
      (ii) Full time /Part time
      (iii) With Private practice / Without Private practice
   f. Date of appearance in last MCI/NMC assessment:
      i. UG / PG / Any other: _____
      ii. Name of College: _____
      iii. Whether appeared and accepted at the same College: Yes / No
      iv. Whether appeared and accepted for the same designation: Yes / No
      v. Whether retired from Government Medical College: Yes /No
      vi. If yes, designation at the time of retirement: _____

_____ _____

Signature of the Faculty Signature & Seal of Dean

5. Complete Residential Address of the employee:
   a. Present: _____
   _____
   _____
   b. Permanent: _____
   _____
   _____
6. Copy of Proof of Residence submitted and original verified: Yes / No
   (Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)
7. Contact details:
   a. Office telephone with STD code: _____
   b. Residence telephone with STD code: _____
   c. Mobile Phone Number: _____
   d. Email address: _____
8. Date of joining the present institution: ____ / ____ / _____
9. Joining report verified / attached Yes / No
10. Have you attended the 'Basic Course Workshop' for training in MET: Yes / No.
    If Yes, give details (strike out whichever is not applicable):
    a. at MCI/NMC Regional MET Centre: Yes /No.
    b. at your college under Regional Centre observership: Yes / No
       i. Name of Observer: _____
11. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
MBBS				
MD/MS				
DM/MCh				
PhD				

   a. MD/MS subject: _____
   b. DM/MCh subject: _____
   c. PhD subject: _____

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualificationcertificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

12. Copies of educational qualifications:
    a. Copies of MBBS & PG Degree certificates verified and attached: Yes / No
    b. Copies of MBBS & PG Degree Registration verified and attached: Yes / No

13. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident			_ _/_ _/_ _	_ _/_ _/_ _	___(y)___(m)
Senior Resident			_ _/_ _/_ _	_ _/_ _/_ _	___(y)___(m)
Tutor			_ _/_ _/_ _	_ _/_ _/_ _	___(y)___(m)
Asst. Professor			_ _/_ _/_ _	_ _/_ _/_ _	___(y)___(m)
Assoc. Professor			_ _/_ _/_ _	_ _/_ _/_ _	___(y)___(m)
Professor			_ _/_ _/_ _	_ _/_ _/_ _	___(y)___(m)

*** Write NA (Not Applicable) for the designations not held**

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		_ _/_ _/_ _	_ _/_ _/_ _	___(y)___(m)
Classified Specialist		_ _/_ _/_ _	_ _/_ _/_ _	___(y)___(m)
Advisor		_ _/_ _/_ _	_ _/_ _/_ _	___(y)___(m)

*** Note: Documents in support of each posting to be furnished for verification**

14. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

15. Details of employmentbefore joining the present institution:
    a. Name of College/Institution: _____
    b. Designation:_____ Date on which relieved: _ _ / _ _ / _ _ _ _
    c. Reason for being relieved: Tendered resignation / Retired / Transferred / Terminated
    d. Relieving order issued by previous institution verified and attached: Yes / No

16. PAN Card Number:
17. Aadhar card Number:
18. I have drawn total emoluments from this college in the current financial year as under:

Month	Amount Received	TDS
1. April _____		
2. May _____		
3. June _____		
4. July _____		
5. August _____		
6. September _____		
7. October _____		
8. November _____		
9. December _____		
10. January _____		
11. February _____		
12. March _____		

[Copy of PAN card & Form 16 (downloaded from TRACES) for FY 2019-20 (Assessment Year 2020-21)to be attached]

19. Number of Research articles in Indexed Journals:
    a. International Journals: _ _ _ _
    b. National Journals: _ _ _ _
    c. State / Institutional Journals: _ _ _ _
20. Details of other publications:
    a. Number of Books published:
    b. Number of Chapters in books:

DECLARATION

1. I, Dr. _____ am working in the capacity of _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am employed as a full time teaching faculty, working from _ _:_ _ A.M. to _ _:_ _ P.M. daily at this Institute.
2. I have not made myself available to any other Medical College/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
    a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
    b. I practice at _____ Nursing Home / Clinic / Hospital in the city of _____ in _____ State and my hours of private practice are from _ _:_ _ AM/PM to _ _:_ _ AM/PM.
4. I am not working in any other medical/dental collegein or outside the State in any capacity: Regular/Contractual/Ad-hoc or Full time/Part time/Honorary.
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. Ido solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that weremade available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date:

Place:

_____

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates/documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**

2. I also confirm that Dr. _____ is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from __:__ AM to __:__ PM, since she/he has joined the Institute.

3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the misdeclaration or misstatement.

Date:

Place:

_____
Signature (Head of Dept.)
with official seal

_____
Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean/Principal of college	Yes / No
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card	Yes / No
3.	Certified copy of Appointment order of the present Institute.	Yes / No
4.	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/ Aadhar Card	Yes / No
5.	Joining report at the present institute.	Yes / No
6.	Copies of MBBS, PG, PhD degrees (as applicable).	Yes / No
7.	Copies of MBBS, PG, PhD degree Registration Certificates (as applicable).	Yes / No
8.	Copy of experience certificates of all teaching appointments before joining present post.	Yes / No
9.	Relieving order from the previous institution/posting.	Yes / No
10.	Copy of PAN Card	Yes / No
11.	Form 16A (downloaded from TRACES) for FY 2019-20 (Assessment Year 2020-21)	Yes / No
12.	Letter head (in case of teachers who are practicing)	Yes / No
13.	Copy of letter from affiliating University recognizing as UG teacher	Yes / No
14	Copy of letter from affiliating University recognizing as PG teacher (for PG assessment)	Yes / No
15	Copy of Aadhar Card	Yes / No

_____
Signature of Faculty
Date:

_____
Signature of the HoD.
Date:

_____
Signature of Head of Institute
Date:

_____
Signed & Verified (Assessor)
Date:

NOTE

I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.

II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID,Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.

III) Faculty members must submit the revised Declaration form in this format only, Submissions in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.