

Resident (SR) Declaration Form

For AY _____

Name of the College: _____

Assessment date	__/__/____	Remarks and Signature of Assessor
Accepted	Yes / No	
Assessor's name		

Note: It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Resident Doctor who is working as a full-time employee and has not appeared for assessment in any other college for any discipline and in any capacity during the stated academic year.

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

1. Name of the Resident: _____

2. Department: _____

3. Address of the Resident:

i. Campus/Present: _____

ii. Permanent address: _____

4. Copy of room allotment order or proof of permanent Residence attached: Yes / No

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

5. Contact details:

a. Mobile Phone Number: _____

b. Email address: _____

6. Age & Date of birth: _____ (Years) ____ / ____ / _____

7. Photo ID submitted:

(i) PAN Card Number: _____

(ii) Aadhar Card Number: _____

Note:

- Declaration forms without a valid government issued Photo ID will NOT be accepted.
- It is mandatory to produce Original certificates at the time of verification. *Assessors have to verify original certificates/documents.*
- Only certificates/documents/certified translations in the English language will be accepted.

8. Present Designation: _____

a. Department: _____

- b. College/Institute: _____
- c. City / District: _____
- d. 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
9. Date of joining the present institution: ____ / ____ / ____
10. Joining report verified / attached: Yes / No
11. Educational Qualifications:

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

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

12. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident 1			__/__/__ -	__/__/__ -	__(y)__(m))
Junior Resident 2			__/__/__ -	__/__/__ -	__(y)__(m))
Junior Resident 3			__/__/__ -	__/__/__ -	__(y)__(m))
Senior Resident			__/__/__ -	__/__/__ -	__(y)__(m))
Any other			__/__/__ -	__/__/__ -	__(y)__(m))

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

13. I have drawn total emoluments from this college in the current financial year :FY_____

Enclose:

- a. Form 16 (downloaded from TRACES) for the assessment year:*
- b. Form 26AS for the assessment year:*

14. Number of Research articles in Indexed Journals:

- a. International Journals: _ _ _ _
- b. National Journals: _ _ _ _
- c. State / Institutional Journals: _ _ _ _

Signature of Resident

Signature & seal of the Dean

DECLARATION

1. I, Dr. _____ working in the capacity of a Senior Resident in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am employed as a full-time regular Resident and staying in Room Number _____ in the Resident's Hostel in the college premises OR at (alternative address)_____.
2. I have not made myself available to any other Medical College/Institution in any discipline, in the capacity of a Resident, teaching staff, administrator or advisor in the current academic year for the purpose of NMC assessments.
3. I am not working in any other medical/dental college in or outside the State in any capacity: Regular/Contractual/Ad-hoc or Full time/Part time/Honorary.
4. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
5. I do 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 were made 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 Resident)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied him 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 Resident with the original certificates and documents that were submitted by 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 working as a 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 Resident's Hostel in the college premises, since he has joined the Institute (If Staying in the College Hostel).
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 himself for the misdeclaration or misstatement.

Date:

Place:

Signature (Head of Dept.)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

S.No	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean/Principal of college	Yes / No
2.	PAN Card/ /Aadhar Card	Yes / No
3.	Certified copy of Appointment order of the present Institute.	Yes / No
4	Copy of Allotment Letter by Dean as proof of present residential address	Yes/No
5.	Permanent address proof: Passport/Aadhar/Voter Card/Electricity/Landline phone bill	Yes / No
6.	Joining report at the present institute.	Yes / No
8.	Copies of MBBS, PG, PhD degree Registration Certificates (as applicable).	Yes / No
10.	Form 16A (downloaded from TRACES) for FY ____ (Assessment Year)	Yes / No
11.	Form 26 AS for FY ____ (Assessment Year)	Yes / No

Signature of Resident
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 Resident will not be considered as a Resident in case any of the documents listed above are not enclosed/ attached with the Declaration Form.
- II) The Resident will not be considered if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, Smart ID Card and State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Residents must submit the revised Declaration form in this format only, Submissions in the old format will be rejected and Resident will not be considered.