

**ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY, UP, LUCKNOW**

**DECLARATION FORM**

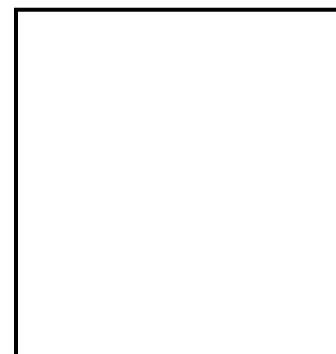
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**FACULTY (MEDICAL)**

- Name of Institution.....
- Name.....
- Father's/Husband's name.....
- Date of Birth: D D M M Y Y Y Y  

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- Photo ID issued by PAN /Passport/MCI/ State Council/Driving licence/  
Voter ID/Adhar Card.
- ID no.....
- Designation: (Tick) Lect.  Assist. Prof  Assoc. Prof  Addl. Prof  Prof
- Department:.....
- Date of Joining in present Institution:  

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- Category: GEN  OBC  SC  ST  PH  Ex SERVICEMAN

- Residential Address:.....  
 CITY.....PIN.....STATE.....
- Permanent Address:.....  
 CITY.....PIN.....STATE.....
- Telephone Number: Residence: STD.....No.....
- Telephone Number: Office: STD.....No.....
- Mobile No. ....
- E-mail Address:.....

**17. Professional Qualifications:**

Sl .No.	Name of Degree	Subject	Date of Qualifying	MCI / State Council Registration No.	Institution from where passes	University
	MBBS					

- Any other Degree / Fellowship: (Name, year, Institution):.....  
 .....

19. Medical Education Training Course: **Basic** Yes/No **Advanced** Yes/No

20. Previous appointments:

Sl. No.	Designation	Date of Joining	Date of Relieving	Period	Name of Institution
1	Lecturer				
2	Lecturer				
3	Assist. Professor				
4	Assist. Professor				
5	Assoc. Professor				
6	Addl. Professor				
7	Professor				
8	Professor				

21. Check Lists:-Enclosures: (self attested)

S. No	Documents	Submitted/Examined
1	Proof of Date of Birth	Yes/No
2	MCI / UP State Council Registration Certificate of MBBS	Yes / No
3	MCI / UP State Council Registration Certificate of all the Postgraduate qualifications	Yes / No
4	Photo ID proof issued by Govt. Authorities : Passport / Driving License / PAN Card / Voter ID / MCI Smart ID Card/State Medical Council ID /National Identity Cards/Adhar Card	Yes / No
5	Caste Certificate	Yes / No
6	Proof of residence : Copy of Passport/Voter Card / Ration Card /Electricity Bill / Driving License	Yes / No
7	Appointment order of the Present Designation / Position	Yes / No
8	Joining report at the present institution	Yes / No
9	Proof of any other Degree / Diploma	Yes / No
10	Proof of experience certificate for all teaching appointments held before joining present institution.	Yes / No
11	Relieving order(s) from all the previous institution(s).	Yes / No
12	Prescription letter (in case of teachers who are practicing)	Yes / No
13	PAN Card	Yes / No
14	Form 16 of last financial Year	Yes / No

**21. Declaration of Faculty**

(i) I, Dr. \_\_\_\_\_ of the Department of \_\_\_\_\_ at \_\_\_\_\_ do hereby give an undertaking that I am continuously working as a full time teacher at the institute.

(ii) I am not practicing anywhere or carrying out any other activity OR I am practicing at \_\_\_\_\_ in the city of \_\_\_\_\_ and my hours of practice are \_\_\_\_\_.

(iii) It is declared that each statement and/or contents of this 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 is liable for necessary disciplinary action (including removal of my name from Indian Medical Register).

(iv) I am having PAN Card and my PAN card number is \_\_\_\_\_ / I am not having PAN Card.

Date:.....

Place:.....

**SIGNATURE OF THE FACULTY**

**Endorsement by Head Of Institution**

This endorsement is the certification that the undersigned has satisfied himself/ herself about the correctness and veracity of each content of this declaration. I have verified the certificates/ documents submitted by the candidate to the institute.

Date:.....

Place:.....

Countersigned & Seal of the HEAD of the Department

Countersigned and seal of the Director/Dean/Principal

Date of Assessment:.....

Signature of the University Assessors:

Name of College/Institution:.....

Name of Department:-----

Faculty/Resident Attendance Sheet:

Sr.No.	Name Of Docters	Designation	Contact No.	Signature
1-				
2-				
3-				
4-				
5-				

Signature of  
Principal