

ATAL BIHARI VAJPAYEEMEDICAL UNIVERSITY, UP, LUCKNOW

DECLARATION FORM

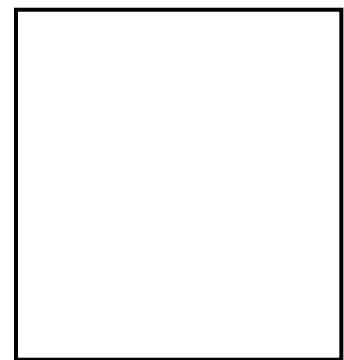
2	0	2		-	2	
---	---	---	--	---	---	--

RESIDENT (MEDICAL)

1. Name of Institution.....
2. Name.....
3. Father's/Husband's name.....
4. Date of Birth: D D M M Y Y Y Y

		-			-				
--	--	---	--	--	---	--	--	--	--
5. Photo ID issued by PAN /Passport/MCI/ State Council/Driving licence/
Voter ID/Adhar Card.
6. ID no.....
7. Designation: (Tick) JR DEMO REGISTRAR TUROR SR PG
8. Department:.....
9. Date of Joining present Institution:

		-			-				
--	--	---	--	--	---	--	--	--	--



10. Category: GENO OBCO SCO STO PHO Ex SERVICEMANO

11. Residential Address:.....
 CITY.....PIN.....STATE.....
12. Permanent Address:.....
 CITY.....PIN.....STATE.....
13. Telephone Number: Residence: STD.....No.....
14. Telephone Number: Office: STD.....No.....
15. Mobile No.
16. 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					

18. 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	JR-1 or other				
2	JR-2 or other				
3	JR-3 or other				
4					
5	SR-1 or other				
6	SR-2 or other				
7	SR-3 or other				
8					

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

22. **Declaration of JR/DEMO/REGISTRAR/TUTOR/SR/PG**

(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:.....

Endorsement by Head Of Institution

SIGNATURE
JR/DEMO/REGISTRAR/TUTOR/SR/PG

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: