

पत्रांक:- 478/23

प्रेषक:-

प्राचार्य,  
श्री कृष्ण चिकित्सा महाविद्यालय,  
मुजफ्फरपुर ।

सेवा में,

सभी विभागाध्यक्ष,  
श्री कृष्ण चिकित्सा महाविद्यालय,  
मुजफ्फरपुर ।

मुज०दिनांक:- 15/6/23

विषय: अगामी राष्ट्रीय आयुर्विज्ञान आयोग, नई दिल्ली के टीम द्वारा निरीक्षण के संबंध में।

महाशय,

उपरोक्त विषय के संबंध में कहना है कि निकट भविष्य में इस संस्थान का राष्ट्रीय आयुर्विज्ञान आयोग, नई दिल्ली के टीम द्वारा निरीक्षण होना संभावित है। उक्त के आलोक में सभी विभागाध्यक्षों को निदेशित किया जाता है कि स्वयं सहित विभाग में कार्यरत सभी चिकित्सक व शिक्षकों का Declaration Form नये सिरे से अचुक रूप से भर कर अधोहस्ताक्षरी कार्यालय में तीन दिनों के अन्दर भेजना सुनिश्चित करें। साथ ही Form B अपने-अपने विभागवार भर कर तैयार रखें तथा जिसकी एक प्रति कार्यालय को निरीक्षण पूर्व भेज देंगे। विलम्ब के लिए सारी जबावदेही संबंधित विभागाध्यक्ष की होगी।

Declaration Form & Form B NMC के Website से Download कर फार्म भरेगे।

अनुलग्नक:- Declaration Form

विश्वासभाजन

*Alaka Rani Sinha*

15/6/23.

प्राचार्य

श्री कृष्ण चिकित्सा महाविद्यालय

मुजफ्फरपुर

## Faculty Declaration Form (For AY 2021 – 22)

Name of the College: \_\_\_\_\_

Assessment date	__ / __ / ____	<b>Remarks and Signature of Assessor</b>
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 Faculty member 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.

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: \_\_\_\_\_

**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.

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

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 Qualification certificates 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 employment before 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 2020		
2. May 2020		
3. June 2020		
4. July 2020		
5. August 2020		
6. September 2020		
7. October 2020		
8. November 2020		
9. December 2020		
10. January 2021		
11. February 2021		
12. March 2021		

[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 college in 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. 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 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