Faculty 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 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.

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

1. Name of the faculty:_____
2. Department:_____
3. Complete residential address of the employee:
   (i) Present: _____
   _____
   _____
   (ii) Permanent: _____
   _____
   _____
4. 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)

5. Contact details:
   (i) Mobile Phone Number:_____
   (ii) Email address: _____
6. Age & date of birth: _____ (Years) ____ /____ /_____
7. Photo ID submitted:
   (i) **PAN Card**: Number:_____
   (ii) **Aadhar Card**: Number:_____

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. Assessors have to verify original certificates/documents.
(iii) Only certificates/documents/certified translations in the English language will be accepted.

8. Present designation: _____

   a. Appointment order: Certified copy of order at this institute attached: Yes / No

   b. Appointment type: *(tick one)*

      (i) Regular Full time

      (ii) Contractual

   c. Date of joining the present institution: ____ / ____ / _____

   d. Joining report verified and attached: Yes / No

   e. Date of appearance in last NMC assessment:

      i. UG / PG :_____

      ii. Name of the college: _____

      iii. Whether appeared and accepted for the same designation: Yes / No

      iv. Whether retired from Government Medical College: Yes /No

      v. If yes, designation at the time of retirement: _____

9. 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 the observer:_____

10. Educational Qualifications:

Degree	**Subject**	**Year**	**Name of the 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.

11. Details of Teaching experience of faculty till date:

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

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

12. Details of Teaching experience of Residents till date:

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

13. Have you been considered in UG/PG, 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

14. 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:

15. Number of Research publications as:

a. Assistant Professor :

b. Associate Professor:

c. Professor:

DECLARATION

1. I, Dr. _____ 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 I am not doing any private practice or working in any other hospital during college hours (including lunch breaks).
4. I am not working in any other Medical/Dental college in or outside the State in any capacity.
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 are 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 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 teaching faculty 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 not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours (including lunch breaks), from __:__ AM to __:__ PM, since 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 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.	Joining report at the present institute.	Yes / No
5.	Copy of experience certificates of all teaching appointments before joining present post.	Yes / No
6.	Relieving order from the previous institution/posting.	Yes / No
7.	Form 16A (downloaded from TRACES) for FY ___(Assessment Year)	Yes / No
8.	Form 26 AS for FY ___(Assessment Year)	Yes / No
9.	Copy of letter from affiliating University recognizing as UG teacher	Yes / No
10.	Copy of letter from affiliating University recognizing as PG teacher (for PG assessment)	Yes / No

_____ _____

Signature of Faculty Signature of the HoD

Date: Date:

_____ _____

Signature of Head of Institute Signed & Verified (Assessor)

Date: 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.