

NAME OF THE COLLEGE: TRIPURA MEDICAL COLLEGE & DR BRAM

TEACHING HOSPITAL

Date of Assessment	Remarks
Accepted? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

DECLARATION FORM : 2016 - 2017 - FACULTY

1.(a) Name..... DR. GAUTAM MAZUMDER

1.(b) Date of Birth & Age 27-11-77, 38+ year

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card

Number ARJPM7735L Issued by here the Dist. Govt. of Tripura



Note: 1) Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty. 2) Original Certificates are mandatory for verification. All Certificates/Documents/Certified Translations, must be in English

1.(d) i. Present Designation: Professor

1.(d)(i)a Certified copies of present appointment order at present institute attached. yes.

1.(d)ii. Department: Dentology

1.(d) iii. College: Tripura Medical College

1.(d)iv. City: Agartala

1.(d) v. Nature of appointment: Regular / Contractual .

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 20/01/2011

1.(d)vii Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No

1.(d)viii Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No

1.(e) Residential Address of employee : Block - F, Room no-09, 1st Floor

Tripuraensis Apartment, Tripura Medical College

Gautam Mazumder
Signature of Faculty

[Signature]
Signature of Dean
Principal,
Tripura Medical College
& Dr. BRAM Teaching Hospital

1.(f) Have you undergone Training in "Basic Course Workshop" at MCI Regional Centre in MET or in your college under Regional Centre observership?

Yes No

If yes, give details.

Name of MCI Regional Centre where Training was done/If training was done in college, give the details of the observer from RC	Date and place of training Triphura Medical College Date - 26.03.15 to 28.03.15
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1.(g) Copy of Passport /Voter Card / Electricity Bill /Landline Telephone Bill / Aadhar Card / attached as a proof of residence. Yes/No

1.(h) Contact Particulars: Tel (Office): 03 81 - 23 766 57 (with STD code)

Tel (Residence): — (with STD code)

E-mail address: Dr.gautam2112@yahoo.com

Mobile Number: 09436768470

1. (i) Date of joining present institution : 20.10.2007 as Assistant professor

1. (j) Joining report at the present institute attached - Yes/No

2. Qualifications :

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Gauhati Medical College	Gauhati University	2002	16488 (Amc) 09/08/2003	Assam Medical Council
MD/MS/DNB /PhD DERMATOLOGY	Gauhati Medical College	Gauhati University	2007	2798 17/10/2007	Assam Medical Council
DM/M.Ch. ()					

Note: For PG-Post PG qualification additional Registration certificate particulars be furnished and subject be indicated within brackets after scoring out whichever is not applicable.

2. (a) Copy of Degree certificates of MBBS and PG degree attached - Yes/No

2. (b) Copy of Registration of MBBS and PG degree attached - Yes/No

3 (a). Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/ Demonstrator					
Registrar/ Senior Resident/ Resident	Dept. of Dermatology	Gaohati Medical College	June 2004	June 2007	03 yrs.
Assistant Professor	Dept. of Dermatology	Tripura Medical College	30/10/2007	31/10/2012	05 yrs.
Associate Professor	Dept. of Dermatology	Tripura Medical College	01/11/2012	26/01/2016	03 yrs 02 months 26 days
Professor	Dept. of Dermatology	Tripura Medical College	27/01/2016	to date	

Note:- Tutor/Senior Residents working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permitted medical institute as a Resident.

3(b). To be filled in by Ex Army Personnel only:

S.No.	Designation	Institution	Period	
			From	To
1.	Graded Specialist			
2.	Classified Specialist			
3.	Advisor			

Note: Have you been considered in any UG/PG inspection at any other institution/medical college during last 3 years. If yes, please give details.

4.(a) Before joining present institution I was working at Not available as _____ and relieved on _____ after resigning / retiring (Relieving order is enclosed from the previous institution).

Sanjay Kumar

4. (b) I am not working in any other medical college/dental college in the State or outside the State in any capacity Regular / Contractual.

5. Number of Research publications in Index Journals:

5. (a) International Journals: —

5. (b) National Journals: 04 (four)

5. (c) State/Institutional Journals: —

6. (a) My PAN Card No. is ARJPM 7735L

6. (b) I have drawn total emoluments from this college in the current financial year as under:-

	Amount Received	TDS
July 2015	80,000/-	NIL
August	80,000/-	NIL
September	80,500/-	NIL
October	83000/-	15000/-
November	83000/-	15000/-
December	83000/-	20,000/-
January 2016	83000/-	20,000/-
February	83000/-	22,190/-
March	99136/-	10,000/-
April		
May		
June		

6. (c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2015-16 are attached)

7. I have appeared in the last inspection of the same College in the same post. (Yes/No)

Center Man

DECLARATION

1. I, Dr. Gautam Hazra am working as Professor in the Department of Dermatology at Tripura Medical Medical College and do hereby give an undertaking that I am a full time teacher in Secretary, working from 08 A.M. to 04 P.M. daily at this Institute.
2. I have not presented myself to any other Institution as a faculty in the current academic year for the purpose of MCI assessment.
3. I am not having private practice anywhere OR I am practicing at _____ in the city of _____ and my hours of practice are _____ to _____.
4. Complete details with regard to work experience has been provided & nothing has been concealed by me.
5. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the 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 has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Indian Medical Register).

Gautam Hazra

SIGNATURE OF THE EMPLOYEE

Date: 28/04/2016

Place: Agartala

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the above mentioned declaration as true and correct. I have verified the certificates / documents submitted by the candidate with the original certificates/documents as submitted by the teacher to the Institute and with the concerned Institute and have found them to be correct and authentic.
2. I also confirm that Dr. Gautam Hazra is not practicing or carrying out any other activity during college working hours i.e. from 08AM to 04PM, since he/she has joined the Institute.
3. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Date: 28.04/2016

Place: Agartala

Gautam Hazra
Signed by the HOD

HOD / HOD-in-charge
Deptt. of Dermatology
Tripura Medical College
Dr. B.B.A.M Teaching Hosp.,
Itanagar, Agartala

[Signature]
Countersigned by the
Director/Dean/Principal

Principal,
Tripura Medical College
& DR. BRAM Teaching Hospital