

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. GANAJIT DEBBARMA

1.(b) Date of Birth & Age 01-03-1972, 43, yrs.

1.(c) Submit Photo ID proof issued by Govt. Authorities :
 Photo ID submitted :
 Passport copy / PAN Card / Voter ID / Aadhar Card
 Number 3922 11922 1881 Issued by Govt. of India



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.

1.(d)ii. Department: Psychiatry.

1.(d) iii. College: Tripura Medical College & Dr. BRAM Teaching Hospital.

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 17-7-2016

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 : Advisor Chowmahni
Word - 6, Krishnanagar, Agartala.
Tripura.

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
SEB Medical College, Cuttack, Odisha	20 th -22 nd March, 2014, Cuttack

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): 0381 2376657 (with STD code)
 Tel (Residence): _____ (with STD code)
 E-mail address: ganajit@gmail.com
 Mobile Number: 96125 17258

1. (i) Date of joining present institution : 01-09-2015 as Associate 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	JIPMER, Pondicherry.	Pondicherry	April, 1997.	63373	Taminadu.
MD/MS/DNB /PhD (Psychiatry)	NIMHANS	NIMHANS, Deemed Univ Bangalore.	February 2003	63373	Tamilnadu.
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	Psychiatry	NIMHANS	10/02/2003	08/09/2005	2 yrs. 3 mths/ 28 days
Assistant Professor	Psychiatry	1. Pondicherry Inst of Med. Sciences,	11/07/2005	04/10/2008	3 yrs / 2 mths/ 28 days
		2. Vinayaka Mission's K.V. Medical College & Hospital, Salem, TN.	13/10/2008	28/08/2010	1 yr / 10 mths/ 15 days
Associate Professor	Psychiatry	1. Tripura Medical College & Dr. BRAM Teaching Hospital,	30/08/2010	14/07/2015	5 yrs / 4 mths / 15 d
		2. Agartala Govt. Medical College.	01/09/2015	13/02/2016	5 mths / 12 d
Professor	Psychiatry	Tripura Medical College & Dr. BRAM Teaching Hospital	22-04-2016	9-06-2016 fill date	Tenureless 18 days

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	✓ - N A -		
2.	Classified Specialist	✗ - N A -		
3.	Advisor	- N A -		

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 AGMC, Agartala / N/A as Assistant Professor and relieved on 31/08/2015 after resigning / retiring (Relieving order is enclosed from the previous institution). Yes

Dr. Ganeshjit Debbarne

NAME OF THE COLLEGE: TRIPURA MEDICAL COLLEGE, AGARTALA & 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. SANTANU GHOSH

1.(b) Date of Birth & Age 24.01.1980 , 36 years

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

Number WRAO10 5866 Issued by Electronic registration office



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: ASSISTANT PROFESSOR,

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

1.(d)ii. Department: PSYCHIATRY

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 NIL

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 :
Room No- 13, 2nd FLOOR, UJJAYNTA APARTMENT
TMC QUARTER COMPLEX, HAPANIA,
AGARTALA, 799014

Santanu Ghosh,
 Signature of Faculty
Assistant Professor

[Signature]
 Signature of Dean
 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
DR. MANASHI PANDA, SCB MEDICAL COLLEGE	6.3.4-8.3.14, Tripura Medical college

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): 03812375617 (with STD code)

Tel (Residence): 0381-2370064 (with STD code)

E-mail address: drsentanu_healthyplanet@yahoo.co.in

Mobile Number: 8974483757, 9774479957

1. (i) Date of joining present institution : 25.07.2011 as SR

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	2004	17,497 03.11.2005	ASSAM
MD/MS/DNB /PHD (Psychiatry)	ASSAM MEDICAL COLLEGE	DIBRUGARH UNIVERSITY	2011	00077 28.08.12	TRIPURA
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 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/ PGT Demonstrator	PSYCHIATRY	Assam Medical College	30.05.2008	31.05.2011	3 years.
Registrar/ Senior Resident/ Resident	PSYCHIATRY	TRIPURA MEDICAL COLLEGE	28.07.11	31.10.12	1 year 3 months.
Assistant Professor	PSYCHIATRY	TRIPURA MEDICAL COLLEGE	1.1.12	Till date	3 years 3 months.
Associate Professor					
Professor					

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. NA

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

S.No.	Designation	Institution	Period	
			From	To
1.	Graded Specialist			
2.	Classified Specialist	NA		
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 _____ as _____ and relieved on _____ after _____ (Relieving order is enclosed from the previous institution).