

**NAME OF THE COLLEGE :**

**DECLARATION FORM : 20 - 20 - FACULTY**

- 1. Name Dr./Mr./Ms./Mrs.....
- 2. Date of Birth & Age .....
- 3. Submit Photo ID proof issued by Govt. Authorities:  
**Photo ID submitted: Aadhar Card is Mandatory**
- Number ..... Issued by.....

RECENT  
PHOTOGRAPH TO  
BE  
COUNTERSIGNED  
BY THE  
DEAN/PRINCIPAL

**Note: 1) Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.**

- 4. Present Designation: \_\_\_\_\_
- 5. Certified copies of present appointment order at present institute attached.
- 6. Qualification: \_\_\_\_\_
- 7. **Note: Enclose a self attested copies of certificates**
- 8. Date of joining present institution: \_\_\_\_\_ as \_\_\_\_\_
- 9. Joining report at the present institute attached – Yes/No
- 10. Nature of appointment:  
(a) Regular / Contractual / Full time / Part time / Honorary \_\_\_\_\_
- 11. Present Residential Address of Employee :  
\_\_\_\_\_
- 12. Permanent Residential Address of Employee:  
\_\_\_\_\_  
\_\_\_\_\_
- 13. **Copy of Aadhar Card attached as a proof of residence. Yes/No**
- 14. Contact Particulars: E-mail address: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**DECLARATION**

- 1. I, Dr./Mr./Ms./Mrs \_\_\_\_\_ am working as \_\_\_\_\_ in the Department of \_\_\_\_\_ at \_\_\_\_\_ Para Medical College and do hereby give an Undertaking that I am a full time Regular / Full time / Part time / Honorary teacher in \_\_\_\_\_ working from \_\_\_\_\_ at this Institute.
- 2. 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

**Signature & Seal of Principal**

**Signature of Faculty**

**For PMB Office use: FIN No.**  
**(Faculty Identification Number)**