

NAME OF THE COLLEGE: VIMS, PAWAPURI, NALANDA

Date of Assessment	27/9/16	Remarks
Accepted? (YES/NO)	Yes	
Name of the Assessor	Dr. Rajesh	
Signature of Assessor	<i>[Signature]</i>	

DECLARATION FORM : 2017 - 2018 - FACULTY

- 1.(a) Name: DR. ANJU
- 1.(b) Date of Birth & Age: 11.02.1979, 37 YEARS
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
- Number 895336732459 issued by GOV. 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: TUTOR
- 1.(d) ii. Certified copies of present appointment order at present institute attached.
- 1.(d) iii. Department: BIOCHEMISTRY
- 1.(d) iv. College: YARDHMAN INSTITUTE OF MEDICAL SCIENCES
- 1.(d) v. City: PAWAPURI
- 1.(d) vi. Nature of appointment: Regular / Contractual
- 1.(d) vii. Date of appearance in Last MCI - UG/PG/Any Other Assessment: 27.04.2016
- 1.(d) viii. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No
- 1.(d) ix. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No
- 1.(e) Residential Address of employee:
PLOT No. - 114, ROAD No. - 21,
SHRI KRISHNA NAGAR,
PATNA - 800001, (BIHAR)

Signature of Faculty

[Signature]
Signature of Chair

Yardhman Institute of Medical Sciences
Pawapuri, Nalanda