DECLARATION

1. I,Dr	, am working as	in the
Department of	at Mahatma Gandhi Miss	sion Medical College
and do hereby give an	undertaking that I am a full, working from	time teacher in
P.M. daily at this Institute.		
2. I have not presented myself to a	ny other Medical College / Institution	as a Faculty /
Resident in the current academic	e year for the purpose of MCI Assessn	nent.
3. I am not having pri	vate practice anywhere OR I	am practicing at
		in the city of
	and my hours	s of practice are
to	Further I state that I am not doing a	any private practice
or not working in any other hosp		
4. Complete details with regard to	Work Experience has been provided a	and nothing has been
concealed by me.		
5. I am not working in any other M	ledical College / Dental College in the	state OR outside the
state in any capacity: Regular /	Contractual / Adhoc Full Time / Par	rt Time / Honorary.
6. It is declared that each statemen	nt and / or contents of this declaration	and / or documents,
certificates submitted along wit	h the declaration form, by the unders	signed are absolutely
true, correct and authentic. In	the event of any statement made	in this declaration
subsequently turning out to be	e incorrect or false the undersigned	has understood and
_	on in respect to any content of this dec	
	thereby rendering the undersigned	
disciplinary action (including re-	moval of his name from Indian Medic	al Register).
	Signati	ure of Employee
Date:		

Place: Navi Mumbai