

NAME OF THE COLLEGE : PONDICHERRY INSTITUTE OF MEDICAL SCIENCES

DECLARATION FORM : 2017 – 2018 - FACULTY

- 1.(a) Name : Dr. Mittali Sethi
- 1.(b) Date of Birth & Age : 16 / 08 / 1985, 30years

- 1.(c) Submit Photo ID proof issued by Govt. Authorities :

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number **BFPPS6919R** 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 : **Assistant Professor**
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department : **Dentistry**
- 1.(d) iii. College : Pondicherry Institute of Medical Sciences
- 1.(d)iv. City : Pondicherry
- 1.(d) v. Nature of appointment : Regular.
- 1.(d)vi. Date of appearance in Last MCI - UG/~~PG~~/ Any Other Assessment **11.03. 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 : No. 42 &43, Glenwood Street,
Holywood Farm Beach,
Keezhpathupet, Tamil Nadu - 605014

3 (a). Details of the teaching experience till date.

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident					
Senior Resident					
Tutor	Orthodontics	Govt. Dental College, Chennai	2/5/2009	30/4/2012	3 years
Assistant Professor	Orthodontics of Dentofacial orthopedics	SRM Dental college & Hospital, Chennai	16/08/2012	29/01/2015	2 years 5months
		PIMS	09/02/2015	Till date	
Associate Professor					
Professor					

Note:- Tutor working in Anesthesia and Radio-diagnosis must have 3 years teaching experience in the respective departments in a recognized/permitted medical institute to be consider as senior 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 **SRM Dental College & Hospital, Chennai** as **Assistant Professor** and relieved on **29/01/2015** after resigning.