

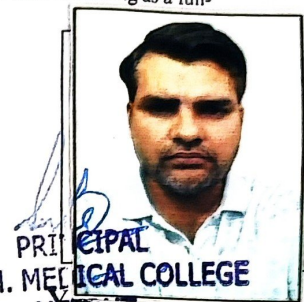
Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College: _____

Submission date	__ / __ / __	
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Note: It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college

1. Name of Faculty: Dr. RISHI VIVEK KUMAR
2. Age & Date of birth: 35(Years), 02/01/1991
3. Present Designation: ASSISTANT PROFESSOR
 - a. Appointment order: Certified copy of order at this institute attached:
 - b. Department: MEDICINE
 - c. College/Institute: LLRM MEDICAL COLLEGE
 - d. City / District: MEERUT
 - e. Appointment:
 - (i) Regular / **Contractual** /Ad-hoc basis
 - (ii) **Full time** / Part time
 - (iii) **With Private practice** / Without Private practice
 - f. Date of appearance in last MCI/NMC assessment: 26/06/2024
 - i. UG / PG / Any other: UG
 - ii. Name of College: LLRM MEDICAL COLLEGE
 - iii. Whether appeared and accepted at the same College: Yes
 - iv. Whether appeared and accepted for the same designation: Yes
 - v. Whether retired from Government Medical College: No
 - vi. If yes, designation at the time of retirement: _____




Signature of the Faculty


Signature & Seal of Dean

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14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S.No.	Date	Lecture/SGD/ SDL/ Clinic	Topic
1.	24/01/24	LECTURE	Difference between primary and secondary hypertension. Clinical manifestation of the various etiologies of secondary hypertension.
2.	05/03/25	SGD	Define the various acute coronary syndromes and describe their evolution, natural history and outcomes.
3.	12/03/25	SDL	Discuss and describe the principles of HAART, the classes of antiretrovirals used, adverse reactions and interactions.
4.	15/03/25	SDL	Discuss and describe the indications, formulations, doses, side effects and monitoring for drugs used in the management of dyslipidemia.
5.	26/03/25	SGD	Discuss and describe the lipid cycle and the role of dyslipidemia in the pathogenesis of atherosclerosis.
6.	09/04/25	SGD	Develop a systematic clinical approach to joint pain based on the pathophysiology.
7.	16/04/25	SGD	Determine the need for specialist consultation (Rheumatology).
8.	23/04/25	SGD	Develop an appropriate treatment plan for patients with rheumatologic diseases.
9.	30/04/25	SGD	Classify, Describe and differentiate the pathophysiologic causes of acute renal failure.
10.	06/06/25	Lecture	Describe and discuss the management of hepatitis, cirrhosis, portal hypertension, ascites spontaneous, bacterial peritonitis, and hepatic encephalopathy.
11.	13/06/25	Lecture	Describe and discuss the pathophysiology, clinical evolution and complications of cholelithiasis and cholecystitis.
12.	23/06/25	SGD	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to decision making in emergency care including situations where patients do not have the capability or capacity to give consent.
13.	02/07/25	SGD	Describe and discuss the physiologic effects of acute blood and volume loss.
14.	16/07/25	SDL	Describe and discuss the genetic background and the influence of environment on diabetes.
15.	21/07/25	SGD	Describe the appropriate diagnostic work up based on the presumed etiology (AKI/CKD).
16.	13/07/25	SGD	Choose and interpret the appropriate diagnostic and imaging test that will delineate the anatomy and underlying cause of the lesion.
17.	20/08/25	SGD	Choose and interpret the appropriate diagnostic testing in young patients with cerebrovascular accident (CVA).
18.	27/08/25	SGD	Enumerate the indications, describe and observe the multidisciplinary rehabilitation of patients with a CVA.
19.	03/09/25	SGD	Describe the initial approach to the stabilization of the patient who presents with poisoning.
20.	10/09/25	SGD	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of patient with hyperkalemia.
21.	17/09/25	SGD	Describe and discuss the commitment to lifelong learning as an important part of physician growth.
22.	24/09/25	SGD	Describe and discuss the role of non-maleficence as a guiding principle in patient care.
23.	08/10/25	SGD	Identify discuss medicolegal, socioeconomic and ethical issues as it pertains to organ donation.
24.	29/10/25	SGD	Describe and discuss the role of a physician in health care system.
25.	31/10/25	SDL	Describe and discuss the pathogenesis, evolution, and clinical features of common HIV related skin and oral lesions.
26.	07/11/25	SDL	Describe and discuss the impact of environmental factors including eating habits, food, work, environment and physical activity on incidence of obesity.
27.	19/11/25	SGD	Demonstrate a commitment to continued learning.
28.	26/11/25	SGD	Demonstrate ability to maintain required documentation in health care(including correct use of medical records).
29.	10/12/25	SGD	Enumerate, describe and discuss the etiology of upper and lower GI Bleeding.
30.	24/12/25	SGD	Describe the etiology of acute and chronic diarrhea including infectious and non-infectious causes.
31.	Twice weekly	Clinics	Case history taking and clinical examination and discussion pertaining to the case.

11. Copies of educational qualifications:

- a. Copies of MBBS & PG Degree certificates verified and attached: **Yes**
- b. Copies of MBBS & PG Degree Registration verified and attached: **Yes**

12. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident	MEDICINE	SIR GANGA RAM HOSPITAL, NBE, NEW DELHI	08/08/2017	07/08/2020	3(y)(m)
Senior Resident	MEDICINE	LLRM MC MEERUT	04/06/2021	31/08/2022	1(y)2(m)
Demonstrator			--/--/--	--/--/--	__(y)__(m)
Tutor			--/--/--	--/--/--	__(y)__(m)
Asst. Professor	MEDICINE	LLRM MC MEERUT	19/10/22	Till Date	3(y)6(m)
Assoc. Professor			--/--/--	--/--/--	__(y)__(m)
Professor			--/--/--	--/--/--	__(y)__(m)

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY: N/A

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	__(y)__(m)
Classified Specialist		--/--/--	--/--/--	__(y)__(m)
Advisor		--/--/--	--/--/--	__(y)__(m)

* Note: Documents in support of each posting to be furnished for verification

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details: NO

Designation	Subject	College	Dates

4. Complete Residential Address of the employee:

a. Present: 341 L BLOCK, SHASTRI NAGAR, MEERUT, 250004
Aadhar card copy attached

b. Permanent: 341 L BLOCK, SHASTRI NAGAR, MEERUT, 250004
Aadhar card copy attached

5. Copy of Proof of Residence submitted and original verified: **Yes**

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact details:

a. Office telephone with STD code: _____
b. Residence telephone with STD code: _____
c. Mobile Phone Number: 8218721956
d. Email address: drvivekrishi@gmail.com

7. Date of joining the present institution: 19/10/2022

8. Joining report verified / attached **Yes**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET: Yes / No.

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre: Yes /No.
b. at your college under Regional / Nodal Centre observership: Yes / No
c. Any other MET certificates may be attached

10. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
MBBS	2016	LLRM MEDICAL COLLEGE CCS University, Meerut	73826 11/04/2016	UPSMC
MD/MS	2020	SIR GANGA RAM HOSPITAL NBE, NEW DDELHI	73826 31/12/21	UPSMC
DM/MCh				
PhD				

a. MD/MS subject: MEDICINE
b. DM/MCh subject: _____
c. PhD subject: _____

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

21. Any other information/ achievements/ patents:N/A

22. Oral presentations (PAST 3 YEARS): in zonal conference: N/A

State conference:

National conference:

International conference:

23. Poster presentations (PAST 3 YEARS): in zonal/ State/ National/ International Conference.

24. Awards/ prizes(PAST 3 YEARS): N/A

ASSOCIATE PROFESSOR
19. Number of Research articles in Indexed Journals (PAST 3 YEARS): N/A

- a. International Journals: -----
- b. National Journals: -----
- c. State / Institutional Journals: -----

20. Details of other publications (PAST 3 YEARS):N/A

- a. Number of Books published:
- b. Number of Chapters in books:

15. Details of employment before joining the present institution: N/A

- a. Name of College/Institution: _____
- b. Designation: _____ Date on which relieved: ____/____/____
- c. Reason for being relieved: Tendered resignation / Retired / Transferred / Terminated
- d. Relieving order issued by previous institution verified and attached: Yes / No

16. PAN Card Number: APFPT 4592 J

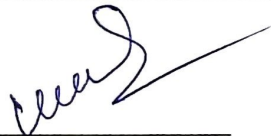
17. Aadhar card Number: 2826 5937 7595

18. I have drawn total emoluments from this college in the current financial year as under:

Month / Year	Amount Received	TDS
March/25	120000	10000
April/25	120000	10000
May/25	120000	10000
June/25	120000	10000
July/25	120000	10000
August/25	120000	10000
September/25	120000	10000
October/25	120000	10000
November/25	120000	10000
December/25	120000	10000
January/26	120000	10000
February/26	120000	0

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean/Principal of college	Yes
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card	Yes
3.	Certified copy of Appointment order of the present Institute.	Yes
4.	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/ Aadhar Card	Yes
5.	Joining report at the present institute.	NO
6.	Copies of MBBS, PG, PhD degrees (as applicable).	Yes
7.	Copies of MBBS, PG, PhD degree Registration Certificates (as applicable).	Yes
8.	Copy of experience certificates of all teaching appointments before joining present post.	N/A
9.	Relieving order from the previous institution/posting.	No
10.	Copy of PAN Card, AADHAR card	Yes
11.	Letter head (in case of teachers who are practicing)	N/A
12.	Copy of letter from affiliating University recognizing as UG teacher	Yes /NO
13.	Copy of letter from affiliating University recognizing as PG teacher (for PG assessment)	Yes /NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	No


 Signature of Faculty
 Date:


 Signature of the HoD.
 Date:


 Signature of Head of Institute
 Date:

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MEERUT

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submissions in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates/documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that Dr.VIVEK KUMAR RISHI is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 08 AM to 04 PM, since she/he has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date:

Place: LLRM MEERUT



Signature (Head of Dept.)
with official seal



Signature (Head of Institute)
with official seal

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MEERUT

DECLARATION

1. I, Dr. VIVEK KUMAR RISHI am working in the capacity of ASSISTANT PROFESSOR in the Department of MEDICINE at LLRM Medical College and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 8 AM TO 4 PM daily at this Institute. If required I attend emergency duties.
2. I have not made myself available to any other Medical College/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a) **I state that I am not doing any Private Practice or working in any other hospital during college hours.**
 - b) I practice at _____ Nursing Home / Clinic / Hospital in the city of _____ in _____ State and my hours of private practice are from __: __ AM/PM to AM/PM.
4. I am not working in any other medical/dental college in or outside the State in any capacity: Regular/Contractual/Ad-hoc or Full time/Part time/Honorary.
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date:

Place: LLRM MEERUT


(Signature of the Faculty)

TDS

TRACES

Central Board of Direct Taxes

Bharat, Lotus & Co.

Chartered Accountants

Income Tax Department

Annual Tax Statement

ANNUAL TAX STATEMENT	AY 2021-22	INCOME TAX DEPARTMENT	14.06.2023
NAME OF DEDUCTOR	NAME OF DEDUCTOR	NAME OF DEDUCTOR	NAME OF DEDUCTOR
INDIAN BANK MEERUT	INDIAN BANK MEERUT	INDIAN BANK MEERUT	INDIAN BANK MEERUT
TAN OF DEDUCTOR	TAN OF DEDUCTOR	TAN OF DEDUCTOR	TAN OF DEDUCTOR
CTHE1100621	CTHE1100621	CTHE1100621	CTHE1100621
TOTAL AMOUNT PAID / CREDITED	TOTAL AMOUNT PAID / CREDITED	TOTAL AMOUNT PAID / CREDITED	TOTAL AMOUNT PAID / CREDITED
321624.00	321624.00	321624.00	321624.00
TOTAL TAX DEDUCTED	TOTAL TAX DEDUCTED	TOTAL TAX DEDUCTED	TOTAL TAX DEDUCTED
32164.00	32164.00	32164.00	32164.00
TOTAL TDS DEPOSITED	TOTAL TDS DEPOSITED	TOTAL TDS DEPOSITED	TOTAL TDS DEPOSITED
32164.00	32164.00	32164.00	32164.00

- Above data / Status of PAN is as per PAN details. For any changes in data as mentioned above, you may submit request for corrections. Refer www.incometax.gov.in / www.incometax.gov.in for more details. In case of discrepancy in status of PAN please contact your Assessing Officer.
- Communication details for TRACES can be updated in 'Profile' section. However, these changes will not be updated in PAN database as mentioned above.

PART A - Details of Tax Deducted at Source

(All amount values are in INR)

Sr. No.	Name of Deductor				TAN of Deductor	Total Amount Paid/ Credited	Total Tax Deducted *	Total TDS Deposited
INDIAN BANK-MEERUT					CTHE1100621	321624.00	32164.00	32164.00
Sr. No.	Section 1	Transaction Date	Status of Booking*	Date of Booking	Remarks **	Amount Paid / Credited	Tax Deducted ***	TDS Deposited
1	194A	31-Mar-2022	F	25-May-2022	-	315193.00	31520.00	31520.00
2	194A	31-May-2021	F	04-Aug-2021	-	6431.00	644.00	644.00
Sr. No.	Name of Deductor				TAN of Deductor	Total Amount Paid/ Credited	Total Tax Deducted *	Total TDS Deposited
LLRM MEDICAL COLLEGE MEERUT					MAHE1100621	972042.00	100980.00	100980.00
Sr. No.	Section 1	Transaction Date	Status of Booking*	Date of Booking	Remarks **	Amount Paid / Credited	Tax Deducted ***	TDS Deposited
1	192	31-Mar-2022	F	05-Jun-2022	-	113984.00	28980.00	28980.00
2	192	28-Feb-2022	O	05-Jun-2022	-	113984.00	9000.00	9000.00
3	192	28-Feb-2022	F	05-Jun-2022	-	113984.00	9000.00	9000.00
4	192	28-Feb-2022	F	05-Jun-2022	B	-113984.00	-9000.00	-9000.00
5	192	28-Feb-2022	F	05-Jun-2022	-	113984.00	9000.00	9000.00
6	192	28-Feb-2022	O	05-Jun-2022	B	-113984.00	-9000.00	-9000.00
7	192	31-Jan-2022	F	05-Jun-2022	-	113984.00	9000.00	9000.00
8	192	31-Dec-2021	F	09-Jul-2022	-	334641.00	27000.00	27000.00
9	192	30-Jun-2021	F	29-Jul-2022	-	296349.00	27000.00	27000.00

PART A1 - Details of Tax Deducted at Source for 15G / 15H

Sr. No.		Name of Deductor		TAN of Deductor	Total Amount Paid / Credited	Total Tax Deducted *	Total TDS Deposited
Sr. No.	Section 1	Transaction Date	Date of Booking	Remarks **	Amount Paid/Credited	Tax Deducted ***	TDS Deposited

No Transactions Present

PART A2 - Details of Tax Deducted at Source on Sale of Immovable Property u/s 194IA / TDS on Rent of Property u/s 194IB / TDS on payment to resident contractors and professionals u/s 194M (For Seller/Landlord of Property/Payee of resident contractors and professionals)

Sr. No.	Acknowledgement Number	Name of Deductor	PAN of Deductor	Transaction Date	Total Transaction Amount	Total TDS Deposited ***
Sr. No.	TDS Certificate Number	Date of Deposit	Status of Booking *	Date of Booking	Demand Payment	TDS Deposited ***

Gross Total Across Deductor(s)

No Transactions Present

PART B - Details of Tax Collected at Source

Sr. No.		Name of Collector			TAN of Collector	Total Amount Paid/ Debited	Total Tax Collected *	Total TCS Deposited
Sr. No.	Section 1	Transaction Date	Status of Booking*	Date of Booking	Remarks**	Amount Paid/ Debited	Tax Collected **	TCS Deposited

No Transactions Present

PART C - Details of Tax Paid (other than TDS or TCS)

Sr. No.	MDR	Minor	Tax	Surcharge	Education	Penalty	Interest	Others	Total Tax	BSR Code	Date of Deposit	Challan Serial Number	Remarks **
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No Transactions Present



भारत सरकार
Ministry of India

विशेष सूचना
Vivak Kumar Rishi

आधार कार्ड IDA 0291741094
आधार MBIE



2826 5937 7595

आधार - आम आदमी का अधिकार

Handwritten signature

UTTAR PRADESH MEDICAL COUNCIL



ADDITIONAL QUALIFICATION CERTIFICATE

No. 17868

Dated : 31/12/2021

I hereby certify that Mr. RISHI, VIVEK KUMAR S/O SMT. PREMLATA & SRI N.P. TIWARI

R/o L-341, SHASTRI NAGAR, MEERUT-250004 (UTTAR PRADESH) is registered on the Registration

No. 73826 dated 11/04/2016 (vide Schedule I/II/III - M.B.B.S.).

He has obtained the following Additional Qualification:

- D.N.B. (GENERAL MEDICINE) - 2020

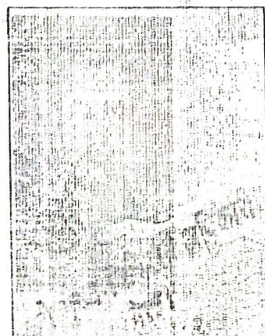
MEDICAL COLLEGE : SIR GANGARAM HOSPITAL, NEW DELHI

UNIVERSITY : NATIONAL BOARD OF EXAMINATIONS, NEW DELHI

U.P. Medical Council has the right to cancel the certificate, if any information is found to be incorrect or fake.
As per present rules, this certificate is having lifetime validity.



5, Sarvapalli,
Mall Avenue Road,
Lucknow - 226001



Signature Not Verified

Digitally Signed By ARUN KUMAR SINGH
(REGISTRAR OF U.P. MEDICAL COUNCIL)
Date: 31.12.2021 12:45:36

Registrar

U.P. MEDICAL COUNCIL



Total

In case of non-government deductors, payment details of TDS/TCS deposited in bank by deductors have matched with the payment details mentioned in the TDS/TCS statement filed by the deductor. In case of government deductors, details of TDS/TCS booked in Government accounts have been verified with payment details filed by Pay and Accounts Officer (PAO).

Overlooked

Payment details of TDS/TCS deposited in bank by deductor have matched with details mentioned in the TDS/TCS statement but the amount is over claimed in the statement. Total TDS credit will be reflected only when deductor corrects claimed amount in the statement or makes additional payment for excess amount claimed in the statement.

Remarks

A	Receipt of Income tax return in Form 26AS
B	Receipt of Correction statement uploaded by SFT Filer
C	Receipt of TDS/TCS statement in Form 26AS
D	Receipt of TDS/TCS statement in Form 26AS
E	Receipt of TDS/TCS statement in Form 26AS
F	Receipt of TDS/TCS statement in Form 26AS
G	Reprocessing of Statement
H	Original Statement uploaded by SFT Filer
I	Reversal of Entry in Original/Correction Statement uploaded by SFT Filer
J	Transporter

Total Tax Deducted includes TDS, Surcharge and Education Cess

Tax Deducted includes TDS, Surcharge and Education Cess

+ Total Tax Collected includes TCS, Surcharge and Education Cess

- Tax Collected includes TCS, Surcharge and Education Cess

*** Total TDS Deposited will not include the amount deposited as Fees and Interest

Total Amount Deposited other than TDS includes the Fees, Interest and Other, etc

Notes for Annual Tax Statement

a. Figures in brackets represent reversal (negative) entries

b. In Part C, details of tax paid are displayed excluding TDS or TCS, payments related to Securities Transaction Tax and Banking Cash Transaction Tax

c. Tax Credits appearing in Part A, A1, A2 and B of the Annual Tax Statement are on the basis of details given by deductor in the TDS/TCS statement filed by them. The same should be verified before claiming tax credit and only the amount which pertains to you should be claimed

d. This statement is issued on behalf of the Income Tax Department. See Section 203AA and second provision to Section 206C(5) of the Income Tax Act, 1961 and Rule 31AB of Income Tax Rules, 1962

e. This statement does not include payments pertaining to Assessment Year (AY) other than the AY mentioned above and payments against penalties

f. Date is displayed in dd-MMM-yyyy format

g. Details of Tax Deducted at Source in Annual Tax Statement, for Form 15G/15H includes transactions for which declaration under section 197A has been Quoted

I. Sections

Section	Description	Section	Description
192	Salary	194LD	TDS on interest on bonds / government securities
192A	TDS on PF withdrawal	194M	Payment of certain sums by certain individuals or Hindu Undivided Family
193	Interest on Securities	194N	Payment of certain amounts in cash
194	Dividends	194O	Payment of certain sums by e-commerce operator to e-commerce participant
194A	Interest other than 'Interest on securities'	194P	Deduction of tax in case of specified senior citizen
194B	Winning from lottery or crossword puzzle	194Q	Deduction of tax at source on payment of certain sum for purchase of goods
194BB	Winning from horse race	195	Other sums payable to a non-resident
194C	Payments to contractors and sub-contractors	196A	Income in respect of units of non-residents
194D	Insurance commission	196B	Payments in respect of units to an offshore fund
194DA	Payment in respect of life insurance policy	196C	Income from foreign currency bonds or shares of Indian
194E	Payments to non-resident sportsmen or sports associations	196D	Income of foreign institutional investors from securities
194EE	Payments in respect of deposits under National Savings Scheme	196DA	Income of specified fund from securities
194F	Payments on account of repurchase of units by Mutual Fund or Unit Trust of India	206CA	Collection at source from alcoholic liquor for human
194G	Commission, price, etc. on sale of lottery tickets	206CB	Collection at source from timber obtained under forest lease
194H	Commission or brokerage	206CC	Collection at source from timber obtained by any mode other than a forest lease
194I(a)	Rent on hiring of plant and machinery	206CD	Collection at source from any other forest produce (not being tendu leaves)
194I(b)	Rent on other than plant and machinery	206CE	Collection at source from any scrap
194IA	TDS on Sale of immovable property	206CF	Collection at source from contractors or licensee or lease relating to parking lots
194IB	Payment of rent by certain individuals or Hindu undivided family	206CG	Collection at source from contractors or licensee or lease relating to toll plaza
194IC	Payment under specified agreement	206CH	Collection at source from contractors or licensee or lease relating to mine or quarry
194I(a)	Fees for technical services	206CI	Collection at source from tendu Leaves
194I(b)	Fees for professional services or royalty etc	206CJ	Collection at source from on sale of certain Minerals
194K	Income payable to a resident assessee in respect of units of a specified mutual fund or of the units of the Unit Trust of India	206CK	Collection at source on cash case of Bullion and Jewellery
194LA	Payment of compensation on acquisition of certain immovable	206CL	Collection at source on sale of Motor vehicle
194LB	Income by way of Interest from Infrastructure Debt fund	206CM	Collection at source on sale in cash of any goods (other than bullion/jewelry)
194LC	Income by way of interest from specified company payable to a non-resident	206CN	Collection at source on providing of any services (other than Chapter XVII-B)
194LHA	Certain income from units of a business trust	206CO	Collection at source on remittance under LRS for purchase of overseas tour program package
194LHB	Income in respect of units of investment fund	206CP	Collection at source on remittance under LRS for educational loan taken from financial institution mentioned in section 80E
194LHC	Income in respect of investment in securitization trust	206CQ	Collection at source on remittance under LRS for purpose other than for

Part D - Details of TDS Received

Sr. No.	Particulars	Amount	Period	Assessing Officer	Signature	Date

Part E - Details of SFT Transaction

Sr. No.	Type of Transaction	Name of SFT Officer	Transaction Date	Amount (INR)	Remarks
1	SFT-005 (Sale of Immovable Property)	SECTOR CONTRACTORS, MDA BUILDING SOCIETY CONTRACTORS LTD. (MIDERTI, MIDERTI, P. L. AR. PRABHU SUNDHY, 250001)	08/10/2022	1000	
2	SFT-010 (Sale of Immovable Property)	SECTOR CONTRACTORS, MDA BUILDING SOCIETY CONTRACTORS LTD. (MIDERTI, MIDERTI, P. L. AR. PRABHU SUNDHY, 250001)	08/10/2022	1000	
3	SFT-010 (Sale of Immovable Property)	SECTOR CONTRACTORS, MDA BUILDING SOCIETY CONTRACTORS LTD. (MIDERTI, MIDERTI, P. L. AR. PRABHU SUNDHY, 250001)	08/10/2022	1000	

Notes for SFT:-

1. Amount shown for SFT-005 and SFT-010 is as per below formula:-

Aggregate gross amount received from the Person (-) Aggregate gross amount paid to the Person

PART F - Details of Tax Deducted at Source on Sale of Immovable Property u/s 194I, TDS on Rent of Property u/s 194IB, TDS on payment to resident contractors and professionals u/s 194M (For Buyer/Tenant of Property, Payer of resident contractors and professionals)

Sr. No.	Acknowledgement Number	Name Of Deductee	PAN of Deductee	Transaction Date	Total Transaction Amount	Total TDS Deposited***	Total Amount Deposited other than TDS****
Sr. No.	TDS Certificate Number	Date of Deposit	Status of Booking*	Date of Booking	Demand Payment	TDS Deposited***	Total Amount Deposited other than TDS****
Gross Total Across Deductor(s)							

No Transactions Present

(All amount values are in INR)

PART G - TDS Details (Processing of Statements)

Sr. No.	Financial Year	Short Payment	Short Deduction	Interest on TDS Payments Default	Interest on TDS Deduction Default	Late Filing Fee u/s 234E	Interest u/s 220(2)	Total Default
Sr. No.	TANs	Short Payment	Short Deduction	Interest on TDS Payments Default	Interest on TDS Deduction Default	Late Filing Fee u/s 234E	Interest u/s 220(2)	Total Default

No Transactions Present

*Notes:-

1. Defaults relate to processing of statements and do not include demand raised by the respective Assessing Officers.

2. For more details please log on to TRACES as taxpayer.

PART H - Details of Turnover as per GSTR-3B

Sr. No.	GSTIN	Application Reference Number (ARN)	Date of filing	Return Period	Taxable Turnover	Total Turnover
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No Transactions Present

Notes:-

1. The GSTIN data displayed above includes internal stock transfers as well.

Contact Information

Part of Annual Tax Statement	Contact in case of any clarification
A	Deductor
A1	Deductor
A2	Deductor
B	Collector
C	Assessing Officer / Bank
D	Assessing Officer / ITR-CPC
E	Concerned AIR Filer/SFT Filer
F	NSDL / Concerned Bank Branch
G	Deductor
H	GSTN

Legends used in Annual Tax Statement

*Status Of Booking

Legend	Description	Definition
U	Unmatched	Deductors have not deposited taxes or have furnished incorrect particulars of tax payment. Final credit will be reflected only when payment details in bank match with details of deposit in TDS / TCS statement.
P	Provisional	Provisional tax credit is effected only for TDS / TCS Statements filed by Government deductors. "P" status will be changed to Final (F) on verification of payment details submitted by Pay and Accounts Officer (PAO).



सर्वोच्च माध्यमिक शिक्षा बोर्ड
एन. टी. रोड, नई दिल्ली-110002
ए. टी. रोड, नई दिल्ली-110002
फोन नं. 2600001

भारतीय मानक शिक्षा प्राधिकरण
भारतीय मानक शिक्षा प्राधिकरण

Address: S. C. Narayana
Pratap Inam, 3411, 21001,
Chattinagar, Meerut, U.P.
R. M. Med college, Uttar
Pradesh, 250004

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भारतीय मानक शिक्षा प्राधिकरण



भारतीय मानक शिक्षा प्राधिकरण

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purchase or reverse stock package or forward contract or put option from the market.

2000-01 Collection at source on sale of goods

3. Major Head

Minor Head

Code	Description	Code	Description
000	Advance Tax	0070	Corporation Tax
001	Surcharge	0071	Income Tax (including surcharge)
002	Interest on advance tax	0072	Gift Tax
003	Interest on advance tax	0073	Capital Gains Tax
004	Surcharge on advance tax	0074	Dividend Income Tax
005	Interest on advance tax	0075	Income Tax (including surcharge)
006	Surcharge on advance tax	0076	Gift Tax
007	Interest on advance tax	0077	Capital Gains Tax
008	Surcharge on advance tax	0078	Dividend Income Tax
009	Interest on advance tax	0079	Income Tax (including surcharge)
010	Surcharge on advance tax	0080	Gift Tax
011	Interest on advance tax	0081	Capital Gains Tax
012	Surcharge on advance tax	0082	Dividend Income Tax
013	Interest on advance tax	0083	Income Tax (including surcharge)
014	Surcharge on advance tax	0084	Gift Tax
015	Interest on advance tax	0085	Capital Gains Tax
016	Surcharge on advance tax	0086	Dividend Income Tax
017	Interest on advance tax	0087	Income Tax (including surcharge)
018	Surcharge on advance tax	0088	Gift Tax
019	Interest on advance tax	0089	Capital Gains Tax
020	Surcharge on advance tax	0090	Dividend Income Tax

4. Type of Transaction

Code	Description
SI-1-001	Payment made in cash for purchase of bank drafts or pay orders or banker's cheque of an amount aggregating to ten lakh rupees or more in a financial year.
SI-1-002	Payments made in cash aggregating to ten lakh rupees or more during the financial year for purchase of pre-paid instruments issued by Reserve Bank of India under section 18 of the Payment and Settlement Systems Act, 2007 (51 of 2007).
SI-1-003	03A - Cash deposits aggregating to fifty lakh rupees or more in a financial year, in or from one or more current account of a person. 03B - Cash withdrawals (including through bearer's cheque) aggregating to fifty lakh rupees or more in a financial year, in or from one or more current account of a person.
SI-1-004	Cash deposits aggregating to ten lakh rupees or more in a financial year, in one or more accounts (other than a current account and time deposit) of a person.
SI-1-005	One or more time deposits (other than a time deposit made through renewal of another time deposit) of a person aggregating to ten lakh rupees or more in a financial year of a person.
SI-1-006	Payments made by any person of an amount aggregating to (i) One lakh rupees or more in cash; or (ii) Ten lakh rupees or more by any other mode, against bills raised in respect of one or more credit cards issued to that person, in a financial year.
SI-1-007	Receipt from any person of an amount aggregating to ten lakh rupees or more in a financial year for acquiring bonds or debentures issued by the company or institution (other than the amount received on account of renewal of the bond or debenture issued by that company).
SI-1-008	Receipt from any person of an amount aggregating to ten lakh rupees or more in a financial year for acquiring shares (including share application money) issued by the company.
SI-1-009	Buy back of shares from any person (other than the shares bought in the open market) for an amount or value aggregating to ten lakh rupees or more in a financial year.
SI-T-010	Receipt from any person of an amount aggregating to ten lakh rupees or more in a financial year for acquiring units of one or more schemes of a Mutual Fund (other than the amount received on account of transfer from one scheme to another scheme of that Mutual Fund).
SI-T-011	Receipt from any person for sale of foreign currency including any credit of such currency to foreign exchange card or expense in such currency through a debit or credit card or through issue of travellers cheque or draft or any other instrument of an amount aggregating to ten lakh rupees or more during a financial year.
SI-T-012	Purchase or sale by any person of immovable property for an amount of thirty lakh rupees or more or valued by the stamp valuation authority referred to in section 50C of the Act at thirty lakh rupees or more.
SI-T-013	Receipt of cash payment exceeding two lakh rupees for sale, by any person, of goods or services of any nature (other than those specified at SI Nos. 1 to 10 of Rule 114E).
SI-T-014	Cash deposits during the period 09th November, 2016 to 30th December, 2016 aggregating to (i) twelve lakh fifty thousand rupees or more, in one or more current account of a person; or (ii) two lakh fifty thousand rupees or more, in one or more accounts (other than a current account) of a person. Cash deposits during the period 1st April, 2016 to 9th November, 2016 in respect of accounts that are reportable.

Glossary

Abbreviation	Description	Abbreviation	Description
AIR	Annual Information Return	TDS	Tax Deducted at Source
AY	Assessment Year	TCS	Tax Collected at Source
EC	Education Cess	GSTIN	Goods and Services Tax Identification Number
SIT	Statement of Financial Transaction		

STATE OF TEXAS

COUNTY OF DALLAS

IN THE DISTRICT COURT

IN AND FOR THE COUNTY OF DALLAS

VS.

NARENDRA PRATAP TIWARI

02/07/2021

APPEAL NO. 145921

[Signature]

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PROVISIONAL REG. NO - 58079

MEDICAL REGISTRATION CERTIFICATE

OFFICE OF THE MEDICAL COUNCIL, UTTAR PRADESH

5, SARVAPALLI, MALL AVENUE ROAD, LUCKNOW

Certificate No. 73826

Date 11/04/2016

Name RISHI, VIVEK KUMAR

Mother's Name Smt. PREMLATA

Father's Name Sri N.P. TIWARI

Address L-341, SHASTRI NAGAR, MEERUT - 250004 UTTAR PRADESH

Qualification M.B.B.S. University: CH. CHARAN SINGH UNIVERSITY, MEERUT - 2016

College L. L. R. M. MEDICAL COLLEGE, MEERUT

Year of Passing Examination MAR-2015

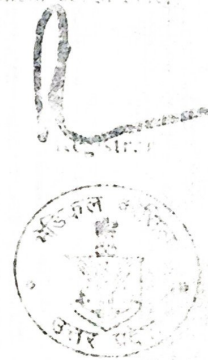
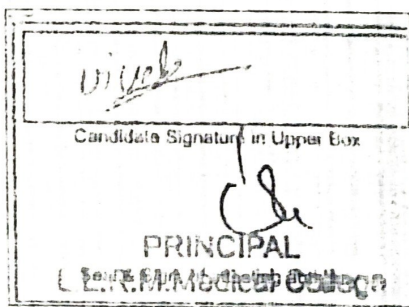
Date & Place of Registration 11/04/2016, Lucknow (U.P.)

Schedule of the Indian Medical Council Act, 1956 I

Underwent rotatory training from 01/04/2015 To 31/03/2016
at P.L. SHARMA DISTRICT Hospital MEERUT



Medical Council reserves the right to cancel the certificate, if any information is found to be incorrect or false.



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1001880

आयकर विभाग
INCOME TAX DEPARTMENT
VIVEK KUMAR RISHI
NARENDRA PRATAP TIWARI
02/01/1991
Periodic Account Number
APFPT4592J
2004/012

[Handwritten signature]

क्रमिक/Serial No : 16000125

अनुक्रमिक /Roll No : 6312091

नामांकन सं./Enrolment No : M1012891

चौधरी चरण सिंह विश्वविद्यालय, मेरठ Chaudhary Charan Singh University, Meerut



आयुर्विज्ञान तथा शल्य-विज्ञान स्नातक

प्रमाणित किया जाता है कि विवेक कुमार ऋषि

(लाला लाजपत राय मेमोरियल मेडिकल कॉलेज, मेरठ)

आत्मज/आत्मजा श्री एन.पी. तिवारी एवं श्रीमती प्रेमलता को इस विश्वविद्यालय
से सन् 2015 की परीक्षा में आयुर्विज्ञान तथा शल्य-विज्ञान स्नातक की
उपाधि प्रदत्त की गयी है।

परीक्षा के विषय:

अन्तर-तन्त्र विज्ञान, शरीर विज्ञान, जीव-रसायन, विकृति विज्ञान, जीवाणु विज्ञान, नैसर्गिक द्रव्य गुण विज्ञान एवं भेषजिकीय रोग चिकित्सा तथा विष-विज्ञान, भेषजिक विज्ञान, अन्तर्-अणु, सार्वजनिक चिकित्सा विज्ञान एवं मानविकी, नाक, कान, गला, नेत्र चिकित्सा विज्ञान, चिकित्सा विज्ञान, शल्य चिकित्सा विज्ञान तथा अन्ध्र रोगविज्ञान, प्रसूति तथा स्त्री रोग चिकित्सा विज्ञान, बाल रोग विज्ञान, चिकित्सा विज्ञान।

Bachelor of Medicine and Bachelor of Surgery

This is to certify that Vivek Kumar Rishi

(Lala Lajpat Rai Memorial Medical College, Meerut)

Son/Daughter of Shri N.P. Tiwari and Smt. Premlata has been
conferred the Degree of Bachelor of Medicine & Bachelor
of Surgery of this University in the Examination of 2015.

Subjects of the Examination:

Anatomy, Physiology, Bio-Chemistry, Pathology Microbiology, Pharmacology including Pharmacotherapeutics and Toxicology Forensic Medicine, Community Medicine including Humanities, Oto-Rhino-Laryngology, Ophthalmology Medicine, Surgery including Orthopaedics, Obstetrics and Gynaecology, Paediatrics including Neonatology

Chaudhary Charan Singh University, Meerut
Date: 10/03/2017



कुलपति
Vice-Chancellor

[Handwritten signature]



No. NBEMS/CONV21/2022/ 33339

National Board of Examinations in Medical Sciences

New Delhi

hereby certifies that

Vivek Kumar Rishi

has pursued the prescribed course of
postgraduate training

and has demonstrated his proficiency at an examination
held in June 2020 session to the satisfaction of the Board.

Accordingly, on this Twentieth Day of June in the year
Two Thousand Twenty Two

the Board admits him at the Convocation
held at New Delhi as

Diplomate of National Board

for the practice of
General Medicine

Prof. Minu Bajpai
Honorary Executive Director

Dr. Abhijat Sheth
President

शा0आ0सं0 2278/4498-1/दिनांक 25-06-85, शा0आ0 की मैनुअल की
पृष्ठ-9 विभाग-2

प्रभार प्रमाण-पत्र

प्रमाणित किया जाता है कि सहायक आचार्य(संविदा), सामान्य
मेडिसिन विभाग का पदाधिकार उत्तर प्रदेश शासन के कार्यालय आदेश
संख्या:-340986/2023/71-1001(010)/2/2021-Part(1) लखनऊ:दिनांक
29 जून, 2023 के अधीन जैसा कि यहां व्यक्त किया गया है, दिनांक
11-07-2023 की पूर्वान्ह में योगदान किया गया।

मोचक अधिकारी
(विवेक कुमार ऋषि)

मुक्त अधिकारी

प्रधानाचार्य,

ला0ला0रा0स्मा0मेडिकल कालेज,
मेरठ।

कार्यालय प्रधानाचार्य, लाला लाजपत राय स्मारक मेडिकल कालेज, मेरठ।

संख्या:-ई0सी0-1/2023/4786

दिनांक:- 18/07/2023

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु
प्रेषित:-

- 1- प्रमुख सचिव, चिकित्सा शिक्षा अनुभाग-1, उ0प्र0, लखनऊ।
- 2- महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण, उ0प्र0, लखनऊ।
- 3- लेखा अनुभाग, प्रधानाचार्य कार्यालय, मेडिकल कालेज, मेरठ।
- 4- सम्बन्धित अधिकारी।

प्रधानाचार्य,

ला0ला0रा0स्मा0मेडिकल कालेज,
मेरठ।



No. NBEMS/CONV21/2022/ 33339

**National Board of Examinations
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