4. Complete Residential Address of the employee:
   a. Present: 1/431 TIKARAM COLONY, KANKARKHERA MEERUT (AADHAR COPY ATTACHED)
   b. Permanent: 1/431 TIKARAM COLONY, KANKARKHERA MEERUT (AADHAR 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: 9359350003
   d. Email address: pankajjainya@gmail.com
7. Date of joining the present institution: 15/10/2023
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: 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 MC, MEERUT CCS UNIVERSITY, MEERUT	76477 06/04/2017	UPMCI
MD/MS	2019	LLRM MC, MEERUT CCS UNIVERSITY, MEERUT	19566 02/09/2022	UPMCI
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.