

SELF DECLARATION FORM - ASSESSORS

DECLARATION OF IMPARTIALITY, CONFIDENTIALITY & INTEGRITY

(to be filled in by each Assessor and enclosed with the Assessment report)

Name		Assessor ID :
Designation		
Organization		
Address		
Capacity	<i>Assessor</i>	
Medical College Assessed		
Date of visit(s)		
Type of visit	<i>Assessment</i>	

I _____, hereby declare that

- i. I have not offered any consultancy, guidance, supervision, or other services to the medical college in any way.
- ii. I am/ am not* an ex-employee of the medical college and am/ am not* related to any person of the management of this medical college.
- iii. I will declare to the NMC my and/ or my immediate family's association with any of the organization that can affect the impartiality of the assessment process. I shall also keep the NMC informed about changes in the status of my association with the medical college before every assignment.
- iv. I got an opportunity to go through various documents of the above medical college and other related information that might have been given by NMC. I undertake to maintain strict confidentiality of the information acquired in course of discharge of my responsibility and shall not disclose to any person other than that required by NMC.

Date: Place:	Signature
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* strike out which is not applicable