

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION

Date of Assessment	Remarks
Accepted? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

DECLARATION FORM : 2017 - 2018 - RESIDENT (SR/JR)

1.(a) Name..... Dr. DHRIYA.P.....

1.(b) Date of Birth & Age 18-04-1990.....

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
~~Passport copy / PAN Card / Voter ID/Aadhar Card.~~

Number C.T.M.P.P. 39.42 B Issued by TNLTONE TAX DEPARTMENT



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: JUNIOR RESIDENT

1.(d)ii. Department: OTORINO LARYNGOLOGY

1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION

1.(d)iv. City: TRIVANDRUM.

1.(d)v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment _____

1.(d)vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No

1.(d)vii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No

1.(e)i. Campus Address of Resident : ROOM NO : 114

RESIDENT'S HOSTEL.

SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION

VENJARAMOODU.


Signature of Resident


Signature of Dean

Dr. V. Girija MD
Principal
Sree Gokulam Medical College &
Research Foundation, Venjaramoodu
Thiruvananthapuram-695 607