

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

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

DECLARATION FORM : 2017 - 2018 - FACULTY

1.(a) Name..... Dr. G. ASSALATHA

1.(b) Date of Birth & Age .. 23. 05. 1954 62yrs

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number HVX 1527225 Issued by **ELECTION COMMISSION 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: PROFESSOR

1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓

1.(d)ii. Department: PHYSIOLOGY

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

1.(d)iv. City: THIRUVANANTHAPURAM

1.(d) v. Nature of appointment: Regular ✓ / Contractual.

1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 2/6/2016 & 3/6/16

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 :

ASHTAPADHI, 189/DPN, AMBALAMBUKKU, PEROORKADA P.O

THIRUVANANTHAPURAM, KERALA STATE

PIN CODE : 695005

Signature of Faculty

Signature of Dean

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