

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 - FACULTY

1.(a) Name.....DR. G. MIDHUN MOHAN.....

1.(b) Date of Birth & Age05-03-1982 / 34 yrs.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

NumberAP.02618066R..... Issued by INCOME TAX DEPT......



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: ASSISTANT PROFESSOR

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

1.(d)ii. Department: DENTISTRY

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

1.(d)iv. City: VENJARAMOOD , TRIVANDRUM

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

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

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 : 'MEERA', HOUSE NO : MGN 45C
RANNI LANE , PEROORKADA . P.O
TRIVANDRUM - 695005

Dr. G. Midhun Mohan
Signature of Faculty.

Dr. V. Girija MD
Signature of Dean

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