

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 - RESIDENT (SR/JR)

1.(a) Name... GIAYATHRI MADHU

1.(b) Date of Birth & Age ... 21-05-1985, 31 years ...

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

Photo ID submitted :
~~Passport copy~~ / PAN Card / Voter ID / ~~Aadhar Card~~.

Number BDBPM 4238B Issued by INCOME 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: SENIOR RESIDENT

1.(d) ii. Department: PSYCHIATRY

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

1.(d) iv. City: VENJARAMOODU

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

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: 004A, RESIDENTS HOSTEL (LADIES)

SREE GOKULAM MEDICAL COLLEGE

VENJARAMOODU

Signature of Resident

Signature of Dean