

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. GINI. A. K......

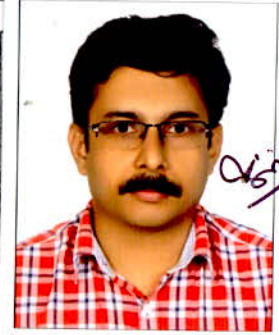
1.(b) Date of Birth & Age.....23/2/72.....; 44 YEARS

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

Photo ID submitted :

~~Passport copy / PAN Card / Voter ID / Aadhar Card~~

Number AGSPP 6795 R 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: ASSOCIATE PROFESSOR

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

1.(d)ii. Department: GENERAL SURGERY

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

1.(d)iv. City: THIRUVANANTHA PURAM.

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

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 02/6/16

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 : NARAYANI NIUAS

RVRA-16 ; RAMACHAMVILA

ATTINGAL P.O.


Signature of Faculty


Signature of Dean

Dr. V. Girija M.D
Principal
Sree Gokulam Medical College &
Research Foundation, Venjaramoodi,
Thiruvananthapuram-695 607