

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. K.B. RAJAMMA.....

1.(b) Date of Birth & Age 18-11-1953 63 Yrs......

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number F.73.99712..... Issued by PASSPORT OFFICE
TRIVANDRUM



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 & HEAD OF DEPARTMENT OF E.N.T

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

1.(d)ii. Department: OTORHINOLARYNGOLOGY

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

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 02/06/16 ✓

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 :

LEKSHMI, TC 7/457, KOCHULLOOR

MEDICAL COLLEGE P.O

THIRUVANANTHAPURAM - 11

Signature of Faculty

Signature of Dean

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