

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 - RESIDENT (SR/JR)

1.(a) Name.....MOHAMMED FARIS SALAM.....

1.(b) Date of Birth & Age05/05/1988....., 28 YRS.....

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
~~Passport copy / PAN Card / Voter ID / Aadhar Card.~~



NumberH.3362433..... Issued by SUPERINTENDENT
PASSPORT OFFICE, TIRUPUR

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: JUNIOR RESIDENT

1.(d) ii. Department: ENT

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

1.(d) iv. City: VENJARAMODDU

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

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 :
RESIDENTS HOSTEL, ROOM NO - 404 C
SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
VENJARAMODDU


Signature of Resident


Signature of Dean

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