

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. S. WILSON JOSEPH.....

1.(b) Date of Birth & Age 27.05.1958, 58 YEARS.....

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

Photo ID submitted :

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

Number 9464 0677 0975..... Issued by GOVT. OF INDIA



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 OF MEDICINE

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

1.(d)ii. Department: MEDICINE

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

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

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

1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 2-6-2016 & 3-6-2014

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 :

'KRUPA', TC-2/728(2), KAPPIL ROAD
CHALAKUZHAY LANE, 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