

**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 - FACULTY**

- 1.(a) Name..... DR. V. K. KUMAR .....
- 1.(b) Date of Birth & Age ..... 04-07-1978 , 38 YEARS .....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
~~Passport copy~~ / PAN Card /  Voter ID / ~~Aadhar Card~~  
Number .... ASUPK8583C ..... Issued by INCOME TAX .....



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 IN ORTHOPAEDICS
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: ORTHOPAEDICS
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE
- 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 02.06.2016
- 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 :  
6-E, "KOWDIAR MANOR"  
JAWAHAR NAGAR, KOWDIAR,  
TRIVANDRUM- 695003, KERALA.

Signature of Faculty

Signature of Dean

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