

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. A. NAZEEMA
- 1.(b) Date of Birth & Age 20-3-1950 66 yrs
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
Number AEOPP 1787 P Issued by INCOME TAX COMMISSIONER



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 & HOI
- 1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓
- 1.(d)ii. Department: OBSTETRICS & GYNAECOLOGY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE
- 1.(d)iv. City: VENJARA MOODU
- 1.(d) v. Nature of appointment: Regular / Contractual.
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 2/6/16
- 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 : TC 2/521(1)
MADATHUVILA LANE MEDICAL COLLEGE P.O
THIRUVANANTHAPURAM

Signature of Faculty

A. Nazema

Signature of Dean

Dr. V. Girija

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