

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.S. KRISHNA KUMAR

1.(b) Date of Birth & Age 30-12-1950-65

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

Photo ID submitted :

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

Number G 2144 936 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: ASSOCIATE PROFESSOR

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

1.(d)ii. Department: RADIO-DIAGNOSIS

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

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

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 : VIJAYA SADAN, T.C. 11/1442

POTTAKUZHY, PATTOM.P.O

TRIVANDRUM, 695004


Signature of Faculty


Signature of Dean

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