

**NAME OF THE COLLEGE** SREE GOKULAM MEDICAL COLLEGE

Date of Assessment	Remarks
Accepted? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

**DECLARATION FORM : 2017 - 2018 - FACULTY**

1.(a) Name DR. ABDUL HASHEM K.P.

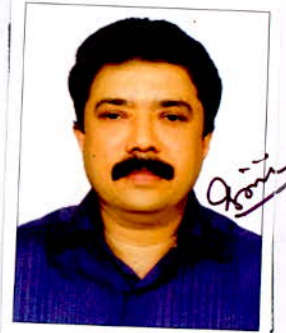
1.(b) Date of Birth & Age 15.06.1954 (62)

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number 81779035 / AADPH4970A Issued by POSSPORT / PAN



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: TB & CHEST (PULMONOLOGY)

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

1.(d)iv. City: 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 & 3/6/2011

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 :  
GAT - ARTER CENTRIX, COTTON HILL,  
EDAPPADHANI, VAZHUTHAKKAS, TRIVANDRUM

Signature of Faculty

Signature of Dean

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