

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE
VENJARAMOODU

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

DECLARATION FORM : 2017 - 2018 - RESIDENT (SR/JR)

1.(a) Name... ADITYA RAJASEKHARAN

1.(b) Date of Birth & Age ... 07-01-1990, 26 yrs

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

Photo ID submitted :

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

Number AQYPR73466 Issued by

INCOME TAX DEPARTMENT



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: JUNIOR RESIDENT

1.(d) ii. Department: RADIO DIAGNOSIS

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

1.(d) iv. City: VENJARAMOODU

1.(d) v. Date of appearance in Last MCI - ~~UG~~/PG/ Any Other Assessment 02/06/16

1.(d) vi. Whether appeared in Last MCI - ~~UG~~/PG Assessment in the same Institute - Yes/No

1.(d) vii. Whether appeared in Last MCI - ~~UG~~/PG Assessment on same Designation - Yes/No

1.(e) i. Campus Address of Resident :

ROOM NO 706C, RESIDENTS' HOSTEL,
SREE GOKULAM MEDICAL COLLEGE

Aditya.R
Signature of Resident

[Signature]
Signature of Dean

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