

**NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION**

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

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

1.(a) Name..... AFSAL ABDUL VAHID

1.(b) Date of Birth & Age ..... 05-06-1983 33yrs

1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted:   
Passport copy / PAN Card / Voter ID/Aadhar Card.

Number ... AHYPV 6852A 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: GENERAL MEDICINE

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

1.(d) iv. City: VENJARAMODDU

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment \_\_\_\_\_

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: 507C

SREE GOKULAM MEDICAL COLLEGE MEN'S HOSTEL

VENJARAMODDU

Signature of Resident

Signature of Dean

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