

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 - RESIDENT (SR/JR)

1.(a) Name..... AJITH MOHAN M.....

1.(b) Date of Birth & Age ...15.4.1960...56y.....

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



Number ...741214856697..... Issued by GOVT. OF INDIA

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: SENIOR RESIDENT

1.(d) ii. Department: OPHTHALMOLOGY

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

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

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

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 :
HOSTEL ROOM No: 508C

SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION

VENJARAMMOODU, TRIVANDRUM

Signature of Resident

Signature of Dean

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