

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION

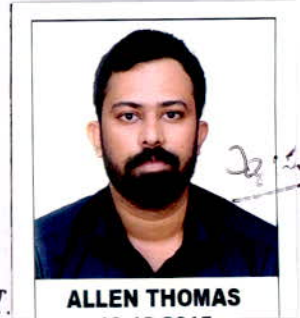
Date of Assessment	Remarks
Accepted? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

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

1.(a) Name..... DR. ALLEN THOMAS

1.(b) Date of Birth & Age 02/11/1986, 29

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



Number BMPPA5478Q Issued by IT DEPARTMENT
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: JUNIOR RESIDENT

1.(d) ii. Department: ANAESTHESIOLOGY

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

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

1.(d) v. Date of appearance in Last MCI - UG/PG/Any Other Assessment 7/10/16

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: 506 C, RESIDENT'S HOSTEL

SREE GOKULAM MEDICAL COLLEGE

VENJARAMOODU, TRIVANDRUM

Signature of Resident

Signature of Dean

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