

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 - FACULTY

1.(a) Name Dr. ANASWARA KARTHIKA P.

1.(b) Date of Birth & Age 6/8/1988 [28]

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

Number U.Y.X.0167304 Issued by ELECTION COMMISSION 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: TUTOR

1.(d)(i)a Certified copies of present appointment order at present institute attached.

1.(d)ii. Department: COMMUNITY MEDICINE

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

1.(d)iv. City: VENJARAMOODU TRIVANDRUM

1.(d) v. Nature of appointment: Regular / Contractual

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 2/6/16 & 3/6/14

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

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

1.(e) Residential Address of employee :
ARUNODHAYAM TC 18/756 (2)
KK ROAD KUNNAPUZHA AARAMADA P.O THRIKKANNUR
TRIVANDRUM - APURAM

Signature of Faculty

Signature of Dean

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