

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

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

DECLARATION FORM : 2017 - 2018 - FACULTY

1.(a) Name... ANIL BINDHU.S

1.(b) Date of Birth & Age ... 31-05-1971 , 45

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number ... 8 485 47 82 1668 Issued by UID 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: PROFESSOR

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 & RESEARCH
FOUNDATION

1.(d)iv. City: THIRUVANANTHAPURAM

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

1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 2/5/16 & 3/5/16.

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

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

1.(e) Residential Address of employee : MAHESHGIRI

VENPALAVATTOM, ANAYARA P.O

THIRUVANANTHAPURAM, KERALA 695 009

Anil Bindhu
Signature of Faculty

Dr. V. Girija
Signature of Dean

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