

SREE GOKULAM MEDICAL COLLEGE &
RESEARCH FOUNDATION

NAME OF THE COLLEGE : _____

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

DECLARATION FORM : 2017 - 2018 - FACULTY

- 1.(a) Name..... ANIL ROBY D
- 1.(b) Date of Birth & Age 14/10/1965 50
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
 Photo ID submitted :
 Passport copy / PAN Card / Voter ID / Aadhar Card
 Number AAPPD 9691 R Issued by



COMMISSIONER OF INCOME TAX, TRIVANDRUM

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 DR MEDICINE
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: MEDICINE
- 1.(d) iii. College: SREE. GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
- 1.(d)iv. City: 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 & 3/6/16
- 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 : 'DEVI KRIPA' SGA

BAPUJI NAGAR, ASHRAMOM, KOLLAM 691002

Signature of Faculty Sam

Signature of Dean Dr. V. Girija MD

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