

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

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

DECLARATION FORM : 2017 - 2018 - RESIDENT (SP/ID)

1.(a) Name.....Dr. ANISA M.....

1.(b) Date of Birth & Age ..13/02/1987....., 28 yrs.....

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



Number ..BZGPM 9331Q..... Issued by INFORMATION DEPARTMENT

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: RADIO DIAGNOSIS

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

1.(d) iv. City: TRIVANDRUM

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 02/06/16

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 :
RESIDENT HOSTEL ROOM No :- 105A

SREE GOKULAM MEDICAL COLLEGE

VENJARAMOODU, TRIVANDRUM

Anisa
Signature of Resident

Girija
Signature of Dean

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