

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..... ANSAR P P
- 1.(b) Date of Birth & Age 01.05.1982 34 YEARS
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
~~Passport copy / PAN Card / Voter ID / Aadhar Card~~
Number .. DPY 1735620 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: Assistant Professor
- 1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓
- 1.(d)ii. Department: General Surgery
- 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 _____
- 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 : ASAAN MANZIL,
PULLAMPARA P.O, VENJARAMOODU
TRIVANDRUM, KERALA 695607


Signature of Faculty


Signature of Dean

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