

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 - RESIDENT (SR/JR)

1.(a) Name.. Dr: ANVAR M. AHAMMED.....

1.(b) Date of Birth & Age .. 06/05/1988 27 yrs.....

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

Photo ID submitted :

~~Passport copy / PAN Card / Voter ID / Aadhar Card.~~

Number CSWPIV 3474 L Issued by INCOME TAX DEPT.



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: ANATOMY

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

1.(d) iv. City: TRIVANDRUM

1.(d) v. Date of appearance in Last MCI - UG/PG/Any Other Assessment 07/10/16

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: ROOM NO. 205 C

RESIDENTS HOSTEL, SCME & RF

VENJARAMOODU, TRIVANDRUM.

Signature of Resident

Signature of Dean

Dr. V. Girija MD
Principal

Sree Gokulam Medical College & Research Foundation, Venjaramoodu
Thiruvananthapuram-695 607