

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

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

## **DECLARATION FORM : 2017 - 2018 - FACULTY**

1.(a) Name.....D.R. ARUN B......

1.(b) Date of Birth & Age ...14/07/1976, 40 YEARS.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number ...ARA 0157271..... 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: ASSOCIATE PROFESSOR

1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓

1.(d)ii. Department: DEPT. OF GENERAL SURGERY

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 26/16

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 :

DAFFODILS, BN-473, NETHAJI LANE,

BARAJINAHAR, MEDICAL COLLEGE P.O,

TRIVANDRUM, PIN: 695011

Signature of Faculty

Signature of Dean

**Dr. V. Girija MD**  
Principal

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