

**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... Dr. ASHISH JITENDRANATHA.....

1.(b) Date of Birth & Age 11/03/1983 33 years.....

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

**Photo ID submitted :**

Passport copy / PAN Card / Voter ID / Aadhar Card

Number 8413 8383 2897..... Issued by GOVT. 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: MICROBIOLOGY

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 02/06/16 + 03/06/18

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:  
1F, STAFF QUARTERS, SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION, NEWJARAMOODU, TRIVANDRUM - 695607

  
Signature of Faculty

  
Signature of Dean

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