

**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 - RESIDENT (SR./JR)**

1.(a) Name... Dr. ASHRIN . A . NOUSHAD.

1.(b) Date of Birth & Age ... 17-09-1990 ..... 26 yrs.

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

Number YBC0095653 ..... Issued by ELECTORAL



REGISTRATION OFFICER KOCHI

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: PAEDIATRICS

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

1.(d) iv. City: VENJARAMOODU.

1.(d) v. Date of appearance in Last MCI - UG/PG/Any Other Assessment \_\_\_\_\_

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 : 102 A.

SREE GOKULAM MEDICAL COLLEGE & RESEARCH  
THIRUVANANTHAPURAM. FOUNDATION.

Signature of Resident

Signature of Dean

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