

SREE GOKULAM MEDICAL COLLEGE
AND RESEARCH FOUNDATION, TRIVANDRUM

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE
AND RESEARCH FOUNDATION, TRIVANDRUM

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

DECLARATION FORM : 2017 - 2018 - RESIDENT (SR/JR)

1.(a) Name..... ATHUL KRISHNAN, U.R

1.(b) Date of Birth & Age 26/04/1989 - 27

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

Number BYFPR5178C Issued by BORN 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: JUNIOR RESIDENT

1.(d) ii. Department: RADIO DIAGNOSIS

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 02/06/16

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: 507C

SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION, VENJARAMOODU, TRIVANDRUM.


Signature of Resident


Signature of Dean

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