

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. BEENA KUMARI R......

1.(b) Date of Birth & Age 29-07-1963..... 53 yrs.....

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

Photo ID submitted :

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

Number A.F.H.P.S.6391A..... Issued by COMMISSIONER OF INCOMETAX



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: PHYSIOLOGY

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~~ 2/6/16 & 3/6/16

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 :

MRA-5, BAPPUTI GARDENS LANE-1

KULATHOOR HOUSE, MANNANTHALA.P.O.

TRIVANDRUM.

Beena Kumari R.
Signature of Faculty

Dr. V. Girija MD
Signature of Dean

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