

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..... BEN BABU
- 1.(b) Date of Birth & Age 17/05/1989 , 27
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
~~Passport copy / PAN Card / Voter ID / Aadhar Card.~~
Number 779936307232 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: JUNIOR RESIDENT
- 1.(d) ii. Department: GEN. SURGERY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE
- 1.(d) iv. City: VENJARAN MOOD.
- 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 No
- 1.(d) vii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No
- 1.(e) i. Campus Address of Resident :
RESIDENT HOSTEL, ROOM NO. 503C
SREE GOKULAM MEDICAL COLLEGE &
RESEARCH FOUNDATION
VENJARA MOOD

Signature of Resident

Signature of Dean