

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE AND 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. BHARNEE LAKSHMI S.....

1.(b) Date of Birth & Age 29/01/1989..... 28yrs.....

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



Number ETEPS 0634B..... Issued by INCOME TAX DEPT.

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: ANAESTHESIOLOGY

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 2/6/2016

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: 212, A

RESIDENTS HOSTEL, SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION.

P. Gopalakrishni
Signature of Resident

Giri
Signature of Dean

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