

**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**

1.(a) Name.....DR. BHAVANI L. NAIR.....

1.(b) Date of Birth & Age 27-05-1981, 35 years.....

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

Number 2949 9240 1113 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: SENIOR RESIDENT

1.(d) ii. Department: OBSTETRICS & GYNAECOLOGY

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

1.(d) iv. City: THIRUVANANTHAPURAM

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 2/6/16

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 :  
LADIES HOSTEL ROOM NO: 01A  
SREEGOKULAM MEDICAL COLLEGE AND  
RESEARCH FOUNDATION

Bhavani L Nair

Signature of Resident

Girija

Signature of Dean

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