

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 - FACULTY

1.(a) Name..... DR. BINCY. A.S......

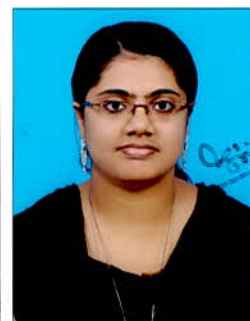
1.(b) Date of Birth & Age 04-04-1987..... 29 YR.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number M8684123..... Issued by PASSPORT OFFICE TRIVANDRUM.



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: TUTOR

1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓

1.(d)ii. Department: ANATOMY

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

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 27/7/2016

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 :
SUDINA COTTAGE

KACCAMBALAM P.O.

TRIVANDRUM

PIN 695605

BinCY. A.S.
Signature of Faculty

Girija
Signature of Dean

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