

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. BINDU THAMPI.....

1.(b) Date of Birth & Age ... 23-6-1971 ... 45 YEARS.....

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

Photo ID submitted :

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

Number YUC 0683359..... Issued by ELECTION COMMISSION 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: ASSOCIATE PROFESSOR

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

1.(d)ii. Department: OPHTHALMOLOGY

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 06/06/16

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 :
84/3014, SREE RAJAM
PERUNTHANNI, SREEVARAHAM NORTH,
MANACAUD P.O, TRIVANDRUM 695009

BinduThampi
Signature of Faculty

Girija
Signature of Dean

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