

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 - FACULTY

1.(a) Name..... DR. BRAHMA LAKSHMY. B-L
 1.(b) Date of Birth & Age 05/05/1983; 33 yrs.
 1.(c) Submit Photo ID proof issued by Govt. Authorities :
 Photo ID submitted :
 Passport copy / ~~PAN Card~~ / ~~Voter ID~~ / ~~Aadhar Card~~
 Number N 819 9357 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: ASSISTANT PROFESSOR
 1.(d)(i)a Certified copies of present appointment order at present institute attached.
 1.(d)ii. Department: OBSTETRICS & GYNAECOLOGY
 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
 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 2/6/16.
 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 :
SREE RAGAM,
KODNTHALLOOR, CHIRAYINKEEZHU.P.O.,
TRIVANDRUM - 695 304

Brahma
 Signature of Faculty

Girija
 Signature of Dean

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