

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION

Date of Assessment	Remarks
Accepted? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

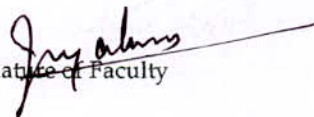
DECLARATION FORM : 2017 - 2018 - FACULTY


- 1.(a) Name... DR. C. JAYAKUMAR.....
- 1.(b) Date of Birth & Age 26-5-1956....., 60 yrs......
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
Number UIC 0195578..... Issued by ELECTION COMMISSION



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: PROFESSOR OF MEDICINE
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: DEPT. OF GENERAL MEDICINE
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE,
- 1.(d)iv. City: THIRUVANANTHAPURAM
- 1.(d) v. Nature of appointment: Regular / Contractual.
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 27 - 2015
- 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 :
TC-11/1749-1, CHARACHIRA,
KOWDIAR. P.O, THIRUVANANTHAPURAM
695003


Signature of Faculty


Signature of Dean

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