

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. SUDHEENDRA GHOSH

1.(b) Date of Birth & Age 13.05.1954 Seventy Two

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number 335448242272 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: PROFESSOR

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

1.(d)ii. Department: PULMONARY MEDICINE

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 2-6-2011 & 3/6/2011

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 XIII /1469, KANAKASREE
KUMARA PURAM, MEDICAL COLLEGE - P.O,
TRIVANDRUM, KERALA.

Signature of Faculty

Signature of Dean

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