

**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 - RESIDENT (SR/JR)**

1.(a) Name.....DILIP GEORGE JOHN.....

1.(b) Date of Birth & Age .....20.06.1988, 28 yrs.....

1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
 Passport copy /  PAN Card /  Voter ID /  Aadhar Card.

Number .....URJ 232603..... 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: JUNIOR RESIDENT

1.(d) ii. Department: DEPARTMENT OF RADIO DIAGNOSIS

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

1.(d) iv. City: THIRUVANANTHAPURAM

1.(d) v. Date of appearance in Last MCI -  UG/PG/Any Other Assessment 02/06/16

1.(d) vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute -  Yes/No

1.(d) vii. Whether appeared in Last MCI -  UG/PG Assessment on same Designation -  Yes/No

1.(e) i. Campus Address of Resident :  
ROOM NO: 205C

RESIDENT HOSTEL, SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION, VENJARAMODU

  
Signature of Resident

  
Signature of Dean

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