

NAME OF THE COLLEGE : SREE GOKULAM MEDICAL COLLEGE AND RESEARCH CENTRE

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

DECLARATION FORM : 2017 - 2018 - FACULTY

1.(a) Name.....DIVYA ANTHONY.....

1.(b) Date of Birth & Age...29th SEPT 1987, 29yrs.....

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

Number...C.J.F.P.M.84.76E..... 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: TUTOR

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

1.(d)ii. Department: PATHOLOGY

1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH CENTRE

1.(d)iv. City: YENJARAMOODU - 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 :
DOCTORS QUARTERS ROOM NO : 10 F
SREE GOKULAM MEDICAL COLLEGE AND RESEARCH
CENTRE.

Anthony
Signature of Faculty

Girija
Signature of Dean

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