

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..... DIVYA . S . S
- 1.(b) Date of Birth & Age 17-05-1982 34 yrs
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
Number ECIPS 8785 J Issued by INCOME TAX DEPT



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: ANAESTHESIOLOGY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
- 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 07/10/16
- 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 : 'KARTHIKA' 1c 10/2120
AARIKKONAM LANE, KANJIRAMPARA . P . O
THIRUVANANTHAPURAM - 695030


Signature of Faculty


Signature of Dean

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