

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION, VENJARAMOODU, THIRUVANANTHAPURAM.

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

DECLARATION FORM : 2017 - 2018 - FACULTY

- 1.(a) Name.....Dr. ELIZABETH JACOB.....
- 1.(b) Date of Birth & Age...15th AUGUST 1965 51 yrs.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
Number...HVX 1517275..... 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: ASSOCIATE PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓
- 1.(d)ii. Department: GENERAL MEDICINE
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
- 1.(d)iv. City: VENJARAMOODU, THIRUVANANTHAPURAM.
- 1.(d) v. Nature of appointment: Regular / Contractual: Regular
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 2/6/16 & 3/6/16
- 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 :
KP V/1131, PADINJARE VEEDU,
PERAPOOR ROAD, MUKIKOLAKKAL P.O.,
MANNANTHALA, TVM-43

Elizabeth Jacob
Signature of Faculty

Girija
Signature of Dean

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