

**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. GAYATHRI G. NAIR.....
- 1.(b) Date of Birth & Age .. 07.05.1985..... 31.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
**Photo ID submitted :**  
Passport copy / PAN Card / Voter ID / Aadhar Card  
Number .. K.C.I.0099796..... 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: ASSISTANT PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓
- 1.(d)ii. Department: BIOCHEMISTRY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
- 1.(d)iv. City: VENJARAMOODU , THIRUVANANTHAPURAM
- 1.(d) v. Nature of appointment: Regular / ~~Contractual~~
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 2/6/2016 & 3/6/2016
- 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 :  
8D STAFF QUARTERS  
SREE GOKULAM MEDICAL COLLEGE & RF  
VENJARAMOODU , THIRUVANANTHAPURAM

  
Signature of Faculty

  
Signature of Dean

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