

NAME OF THE COLLEGE : SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION VENJARAMOODU

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

DECLARATION FORM : 2017 - 2018 - FACULTY

1.(a) Name..... Dr. GEETHA BHAI.....

1.(b) Date of Birth & Age 30-1-1950 - 66 yrs.....

1.(c) Submit Photo ID proof issued by Govt. Authorities :

Photo ID submitted :

~~Passport copy~~ / PAN Card / Voter ID / Aadhar Card ✓

Number 532059215778..... 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: PROFESSOR & HOD

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

1.(d)ii. Department: MICROBIOLOGY

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 June 3rd

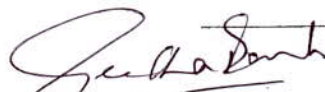
1.(d)vii Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No

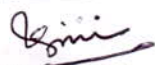
1.(d)viii Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No

1.(e) Residential Address of employee : NIKUNJAM FORTUNE . 7 . F

JAWAHAR NAGAR . KAWDIAR . P . O

THIRUVANANTHAPURAM


Signature of Faculty


Signature of Dean

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