

**NAME OF THE COLLEGE:** SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION, TRIVANDRUM

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

**DECLARATION FORM : 2017 - 2018 - FACULTY**

1.(a) Name... Dr. J. ANTONY .....

1.(b) Date of Birth & Age 21-5-1950 ..... 66 .....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number 7004 9985 1528 ..... Issued by .....  
UNIQUE IDENTIFICATION AUTHORITY 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 AND HEAD OF DEPARTMENT

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

1.(d)ii. Department: OPHTHALMOLOGY

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

1.(d)iv. City: TRIVANDRUM

1.(d) v. Nature of appointment: Regular /  ~~Contractual~~

1.(d)vi. Date of appearance in Last MCI - ~~UG~~/PG/Any Other Assessment 06/06/16

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 :

ARADHANA, TC 27/43, PATTOOR

VANCHIYOOR. P.O, TRIVANDRUM - 695035

KERALA

[Signature]  
Signature of Faculty

[Signature]  
Signature of Dean

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