

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE AND-
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. J. RADHABAI

1.(b) Date of Birth & Age ... 20.10.1950 ... 66 yrs

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

Photo ID submitted :

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

Number ... ACC... P. J. 4577R ... Issued by COMMISSIONER
OF INCOMETAX, TUM



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: LADY MEDICAL OFFICER

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

1.(d)ii. Department: COMMUNITY MEDICINE

1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE, VENJARAMOOD

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 2/3/16 & 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 : PRASADAM

VILAYILMOOLA , KODUMON, ATTINGAL

THIRUVANANTHAPURAM, PINNO - 695101

Radha Bai J
Signature of Faculty

[Signature]
Signature of Dean

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