

NAME OF THE COLLEGE : SREE GOKULAM MEDICAL COLLEGE & R F

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

DECLARATION FORM : 2017 - 2018 - FACULTY

1.(a) Name..... JABBAR . K . S

1.(b) Date of Birth & Age 11 . 10 . 1952 63y

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number K 3400070

Issued by Passport off
JVM



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 SURGERY

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

1.(d)ii. Department: GENERAL SURGERY

1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & R FOUNDATION

1.(d)iv. City: VENJARAMOOD . TRIVANDRUM

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

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 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 : SHANADIL TC XI-2125

KANAKANAGAR . KODDIYAR . P.O .

TRIVANDRUM . P.O . 695003

Jabbar
Signature of Faculty

Girija
Signature of Dean

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