

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. JEESHA. C. HARAN

1.(b) Date of Birth & Age 15.11.1949 66 Yrs

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

Photo ID submitted :

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

Number N2772018

Issued by

Passport officer thiruvananthapuram,



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 HOD

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

1.(d)ii. Department: COMMUNITY MEDICINE

1.(d) iii. College: SREEGOKULAM MEDICAL COLLEGE & 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 2/6/16 & 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 :

DR. JEESHA. C. HARAN

'AMRITHA', BRERA. 83, KUMARA PURAM.

MEDICAL COLLEGE. P.O. TRIVANDRUM- 695011

Jeesha C. Haran
Signature of Faculty

Dr. V. Girija
Signature of Dean

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