

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 - RESIDENT (SR/JR)

1.(a) Name..... DR. JIJO ANSARI.....

1.(b) Date of Birth & Age 25.05.1990 26 YRS.....

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
~~Passport copy~~ / PAN Card / Voter ID / Aadhar Card.

Number H. 9864003 Issued by Passport office Trivandrum



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: JUNIOR RESIDENT

1.(d) ii. Department: GENERAL SURGERY

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

1.(d) iv. City: VENJARAMOOD

1.(d) v. Date of appearance in Last MCI ~~UG~~/PG/Any Other Assessment 6/5/16

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

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

1.(e) i. Campus Address of Resident :
RESIDENT HOSTEL, ROOM NO: 208C
SREE GOKULAM MEDICAL COLLEGE
VENJARAMOOD, P.O, TRIVANDRUM

Signature of Resident

Signature of Dean

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