

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..... J. J. NAIK G......

1.(b) Date of Birth & Age ... 28/05/1982 34 yrs......

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

Photo ID submitted :

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

Number AQWPG.5890.Q..... Issued by GOVT 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: JUNIOR RESIDENT

1.(d) ii. Department: RESPIRATORY MEDICINE

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

1.(d) iv. City: TRIVANDRUM

1.(d) v. Date of appearance in Last MCI - ~~UG/PG~~ / Any Other Assessment 2-6-2014 & 3/1/2011

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 : Room No : 605-C

RESIDENT HOSTEL, SREE GOKULAM MEDICAL COLLEGE

VENJARAMOODU, TRIVANDRUM.

J. J. Naik G.

Signature of Resident

[Signature]

Signature of Dean

Dr. V. Girija MD
Principal

Sree Gokulam Medical College &
Research Foundation, Venjaramoodu
Thiruvananthapuram-695 607