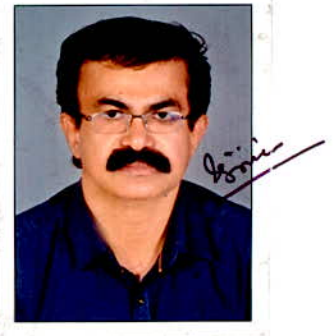


NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION, VENTARAMOODU TRIVANDRUM.

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

DECLARATION FORM : 2017 - 2018 - FACULTY

- 1.(a) Name... DR JOJO JOSEPH ANTONY
- 1.(b) Date of Birth & Age... 12/12/1967 49 yrs.
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted : Passport copy / PAN Card / Voter ID / Aadhar Card
Number... ABUPA 7738A Issued by COMMISSIONER



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: ASSOCIATE PROFESSOR, MEDICINE
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: GENERAL MEDICINE
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
- 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 2/6/16 & 3/1/16
- 1.(d)vii. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No Yes
- 1.(d)viii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No Yes
- 1.(e) Residential Address of employee : SAJEENA HANZIL, NEAR VASS
SCHOOL ARAICODE, ATINGAL TRIVANDRUM
695102


Signature of Faculty


Signature of Dean

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