

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE, TVM
& RESEARCH FOUNDATION

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

DECLARATION FORM : 2016 - 2017 - RESIDENT (SR/JR)

1.(a) Name..... JOPHIN R. ISAIAH

1.(b) Date of Birth & Age 14/03/1989 - 27

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

Number ADFPD0760F 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: GENERAL SURGERY

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

1.(d) iv. City: TRIVANDRUM

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment _____

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 208C

SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
VENJARAMMOODU