

**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..... K. ASOKAN .....
- 1.(b) Date of Birth & Age..... 12-03-1951 (65 years) .....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
 Passport copy /  PAN Card /  Voter ID /  Aadhar Card  
Number ..... T002 8042 5849 ..... Issued by UNIQUE IDENTIFICATION AUTHORITY 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: ASSOCIATE PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: PATHOLOGY
- 1.(d) iii. College: SREE GOKULAM 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
- 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 :  
KRISHNASHRAM, SARKARA,  
SARKARA - PANDAKASSALA ROAD,  
CHIRAYINKEEZHU - 695304, THIRUVANANTHAPURAM  
KERALA .

  
Signature of Faculty

  
Signature of Dean

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