

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 - FACULTY

- 1.(a) Name..... K. MAHADEVAN
- 1.(b) Date of Birth & Age ... 07/APRIL/1956 , 60 yrs
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
 Photo ID submitted : Passport copy / PAN Card / Voter ID / Aadhar Card
 Number ... AAELI 9328H 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: Professor
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: OPHTHALMOLOGY
- 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 06/06/16 ✓
- 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 Yes/No
- 1.(e) Residential Address of employee :
TC 15/2003, VRA-A-12, Women's College Lane
VAZHUTHAKAD,
TRIVANDRUM 695014

K. Mahadevan
Signature of Faculty

Dr. V. Girija
Signature of Dean

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