

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... DR. K. SASIKUMAR.....

1.(b) Date of Birth & Age ... 19-4-1955 (61 yrs).....

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

Photo ID submitted :

~~Passport copy~~ / ~~RAN Card~~ / ~~Voter ID~~ / ~~Aadhar Card~~

Number ... UHE 0262253..... Issued by



ELECTION COMMISSION 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 OF ENT

1.(d)(i)a Certified copies of present appointment order at present institute attached ✓

1.(d)ii. Department: OTO RHINO LARYNGOLOGY

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

1.(d)iv. City: TRIVANDRUM, VENJARA MOODU

1.(d) v. Nature of appointment: Regular / ~~Contractual~~.

1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 02/08/16

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 ✓

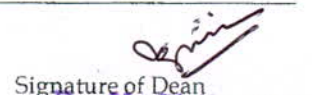
1.(e) Residential Address of employee :

SIVAM TC 13/1760/10 Kalakattumudi ROAD

KUMARA PURAM, MEDICAL COLLEGE PO

TRIVANDRUM, 695001


Signature of Faculty


Signature of Dean
Dr. V. Girija MD
Principal

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