

**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 KALA S.N
- 1.(b) Date of Birth & Age 21-9-1974 ; 42 yrs
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
Passport copy / PAN Card / Voter ID / Aadhar Card  
Number AEHPN 4578 D 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: ASSISTANT PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached. Yes
- 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 & 3/6/16
- 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 :

KATLAS , TC - 76 / 1685 , ANAYARA . P.O  
THIRUVANANTHAPURAM - 695039

  
Signature of Faculty

  
Signature of Dean

**Dr. V. Girija MD**  
Principal  
Sree Gokulam Medical College &  
Research Foundation, Venjaramoodu,  
Thiruvananthapuram-695039