

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... KALARANJINI. K.V.....

1.(b) Date of Birth & Age .. 17/2/1981..... 35 YEARS.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number AOU.PV.2821.A.... Issued by INCOME TAX



DEPARTMENT, 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: 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: VENJARAMOODU

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

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 21/6/16

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 :

TC 2/944, GRA - 37
'DIAMOND ENCLAVE'

PATTOM, P.O

Signature of Faculty

Signature of Dean

Dr. V. Girija MD
Principal

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