

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 - RESIDENT (SR/JR)

1.(a) Name..... KASTHURI DHARMA.....

1.(b) Date of Birth & Age 06/08/1991, 25.....

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card.

Number .. COBPD9919 N..... Issued by UTI TSL



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: JUNIOR RESIDENT

1.(d) ii. Department: OBSTETRICS AND GYNAECOLOGY

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

1.(d) iv. City: VENJARAMOODU, TRIVANDRUM

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment _____

1.(d) vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No

1.(d) vii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No

1.(e) i. Campus Address of Resident : Room No: 206A
LADIES HOSTEL

SREE GOKULAM MEDICAL COLLEGE
AND RESEARCH FOUNDATION.

Signature of Resident

Signature of Dean

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