

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..... KRISHNAN. K

1.(b) Date of Birth & Age 6-10-1979 ; 36yrs

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

Photo ID submitted :

~~Passport copy / PAN Card / Voter ID / Aadhar Card~~ ✓

Number M.K.G. 1225234 Issued by
ELECTORAL REGISTRATION OFFICER



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: E.N.T. ; OTORHINOLARYNGOLOGY

1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND 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 02/06/16 ✓

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~~

1.(e) Residential Address of employee : TC 29 / 434 , PERAKKODE,

PALKULANGARA, PETTAH.P.O, THIRUVANANTHAPURAM

KERALA , PINCODE : 695024

Signature of Faculty

Kishan

Signature of Dean

Girija

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