

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.....DR. KUMARI BRENDA S.....

1.(b) Date of Birth & Age1-12-1953.....63 YEARS.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number ..M.V.X. 234144..... Issued by BL.E.C.T.I.O.N.

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 OBSTETRICS & GYNECOLOGY

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

1.(d)ii. Department: OBSTETRICS & GYNECOLOGY

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

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

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 :

SISIRAM, House No. 102, GENAGAR 2ND LANE
TC 663/1 MANNA MOOLA, PEROOR Kkada
THIRUVANANTHAPURAM 695005

Signature of Faculty

Signature of Dean

Dr. V. Girija MD
Principal

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