

NAME OF THE COLLEGE : SREE GOKULAM MEDICAL COLLEGE, VENJARAMOODU

Date of Assessment	Remarks
Accepted? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

DECLARATION FORM : 2017 - 2018 - RESIDENT (SR/JR)

1.(a) Name..... LEKSHMI SREE S:J.....

1.(b) Date of Birth & Age 20.02.1986, 30 years.....

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

Photo ID submitted :

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

Number ... NVUD244301 Issued by ECI.....



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: DEPARTMENT OF RADIODIAGNOSIS

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

1.(d)iv. City: VENJARAMOODU

1.(d)v. Date of appearance in Last MCI - ~~UG/PG~~ / Any Other Assessment 04/06/16

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 : 108 A

SREE GOKULAM MEDICAL COLLEGE

Lekshmi
Signature of Resident

Lekshmi
Signature of Dean