

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

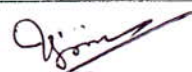
- 1.(a) Name..... LIZI VINCENT
- 1.(b) Date of Birth & Age 25-5-1987, 29 yrs
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
Number AMPPV3157L Issued by Govt. of India



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: TUTOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: PHYSIOLOGY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
- 1.(d)iv. City: TRIVANDRUM
- 1.(d) v. Nature of appointment: Regular / Contractual.
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 2nd & 3rd June 2016
- 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 :
LIZY BUILDING
KANJIRAMKULAMP.O
TRIVANDRUM


Signature of Faculty


Signature of Dean

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