

SREE GOKULAM MEDICAL COLLEGE AND RESEARCH
NAME OF THE COLLEGE : FOUNDATION

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

DECLARATION FORM : 2017 - 2018 - FACULTY

- 1.(a) Name..... LIMI MOHANDAS
- 1.(b) Date of Birth & Age 14/08/1988, 28 YRS
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
 Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
 Number CEFPM6514L Issued by GOVT OF INDIA - INCOME TAX DEPARTMENT



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. ✓
- 1.(d)ii. Department: PATHOLOGY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
- 1.(d)iv. City: THIRUVANANTHA PURAM
- 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 :
#1F, SREE GOKULAM MEDICAL COLLEGE STAFF QUARTERS,
SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
VENJARAMOODU, TRIVANDRUM

Limi
 Signature of Faculty

Girija
 Signature of Dean

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