

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 - RESIDENT (SR/JR)

1.(a) Name... DR. HOVELY SUDHEESH LAL

1.(b) Date of Birth & Age 14/07/1982

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card:

Number CANPS 940201 Issued by INCOME TAX DEPT / GOVT



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: DEPT OF ANAESTHESIOLOGY

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

1.(d) iv. City: VENJARAMOODU, TRIVANDRUM.

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 7/10/16
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: - 009 A.

RESIDENTS HOSTEL
SREE GOKULAM MEDICAL COLLEGE
VENJARAMOODU.

Signature of Resident

Hovelvy

Signature of Dean

Girija

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