

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. M. RAFFIC

1.(b) Date of Birth & Age 20-5-1952 64 yrs

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

Photo ID submitted :

Rassport copy / PAN Card / Voter ID / Aadhar Card

Number PAN-...AFGPK 3883C Issued by COMMISSIONER OF INCOMETAX, TUM.



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 & HOD

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

1.(d)ii. Department: ORTHOPAEDICS

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

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

1.(d) v. Nature of appointment: Regular / Contractual.

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment not rd 3 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 :
T.C. 27/2003(1), GULMOHAR
CHIRAKULAM ROAD, RISHIMANGALAM
STATUE, TRIVANDRUM.1 PIN-695001

Signature of Faculty M. Raaffic

Signature of Dean Dr. V. Girija

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