

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

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

DECLARATION FORM : 2017 - 2018 - FACULTY

- 1.(a) Name DR. MADHU.V
- 1.(b) Date of Birth & Age 22.5.1969 48 yrs.
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
 Passport copy / PAN Card / Voter ID / Aadhar Card
Number ABNPV0231A Issued by Income tax dept.



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: ASSOCIATE PROFESSOR.
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: ANAESTHESIA
- 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 7/10/16
- 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:
K. V HOUSE, TE 48/98 (4)
AMBALA TITARA, POONTHURA P.O
TRIVANDRUM. Pin 695 026.

Signature of Faculty

Signature of Dean

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