

**NAME OF THE COLLEGE :** SREE-GOKULUM MEDICAL COLLEGE & RESEARCH FOUNDATION

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

**DECLARATION FORM : 2016 - 2017 - RESIDENT (SR/JR)**

1.(a) Name... MANTUSHA . S . D .....

1.(b) Date of Birth & Age ..... 20-05-1976 39 .....

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

Number AAAO075671 ..... Issued by ELECTION COMMISSION OF INDIA



*Signature*

**D. V. Girija M**  
Principal  
Sri Ram Medical Foundation, Ven  
nanthapuram-6

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: SENIOR RESIDENT

1.(d) ii. Department: RADIO DIAGNOSIS

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

1.(d) iv. City: TRIVANDRUM

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment \_\_\_\_\_

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 :  
RESIDENT'S HOSTEL No:- 013A  
SREE-GOKULUM MEDICAL COLLEGE  
VENTARAMOODY