

**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 - FACULTY**

- 1.(a) Name. MANJUSHA VISWANATHAN
- 1.(b) Date of Birth & Age 19.11.1971 45 YEARS
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
Passport copy / PAN Card / Voter ID / Aadhar Card  
Number 856241123693 Issued by GOVT OF INDIA



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)iii. Department: OBSTETRICS AND GYNECOLOGY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
- 1.(d)iv. City: VENJARAMOODU
- 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 : TC 24/179

RAVI KEDAR THYCAUD

THIRUVANANTHAPURAM 695014

Signature of Faculty

Manjusha Viswanathan

Signature of Dean

[Signature]