

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. MANOJAN.K.K......

1.(b) Date of Birth & Age... 24-05-1972;... 44 years

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

Photo ID submitted :

~~Passport copy/ PAN Card/ Voter ID/ Aadhar Card~~

Number WRS 0835827..... Issued by ELECTION



COMMISSION 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: PROFESSOR

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

1.(d)ii. Department: GENERAL MEDICINE

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

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 17/03/2016

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 :

DR. MANOJAN.K.K.; SILVER OAK, PALAVILA,
PIRAPPANCODE (PO), VENJARAMOODU (VIA),
TRIVANDRUM - 695607

Signature of Faculty

Signature of Dean

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