

**SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION.**

**NAME OF THE COLLEGE :** \_\_\_\_\_

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

**DECLARATION FORM : 2017 - 2018 - RESIDENT (SR/JR)**

1.(a) Name.....MEENU.M.S.....

1.(b) Date of Birth & Age ....30.05.1990; 26.....

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

Number ..N.V.U...0067223..... 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: JUNIOR RESIDENT

1.(d)ii. Department: ANAESTHESIA

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

1.(d)iv. City: THIRUVANANTHAPURAM

1.(d)v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 7/10/16

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 :  
ROOM NO: 206 A. RESIDENTS HOSTEL

SREE GOKULAM MEDICAL COLLEGE AND

RESEARCH FOUNDATION

  
 Signature of Resident

  
 Signature of Dean

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