

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..... MEETHA S.S.....
- 1.(b) Date of Birth & Age 12/2/1993, 23ys.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy/ PAN Card/ Voter ID/ Aadhar Card
- Number HDWPS1617B..... Issued by Income tax department 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: Tutor
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: Biochemistry
- 1.(d) iii. College: Sree Gokulam medical college, Venjaramoodu
- 1.(d)iv. City: Tsivandrum
- 1.(d) v. Nature of appointment: Regular / Contractual
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment NA
- 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 :

Messy Home, CRA 296A
Choozhampala, Mukkola. P.O, 695043

Signature of Faculty

Signature of Dean

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