

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. MESSALINE SONITHA.....

1.(b) Date of Birth & Age ... 15-07-1982, 34 YEARS.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number ARM.PM.6214.D..... Issued by INCOME TAX...

DEPARTMENT



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: ASSISTANT PROFESSOR

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

1.(d)ii. Department: PHARMACOLOGY

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

FOUNDATION

1.(d)iv. City: TRIVANDRUM

1.(d) v. Nature of appointment: Regular / ~~Contractual~~

UG - 02/06/2016
PG - 18/03/2016

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment _____

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 :

FLAT NO : FC , SFS CYBER PALMS,

KUZHIYILA , TRIVANDRUM - 695583

Signature of Faculty

Signature of Dean

Dr. V. Girija MD
Principal
Sree Gokulam Medical College &
Research Foundation, Veniaroodu
Thiruvananthapuram