

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..... MINU GOPY .....

1.(b) Date of Birth & Age ..... 02-01-1979 , ..... 37 YRS .....

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

Number 5663 2389 0255 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: SENIOR RESIDENT

1.(d) ii. Department: OBSTETRICS AND GYNAECOLOGY

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

1.(d) iv. City: THIRUVANANTHAPURAM

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment \_\_\_\_\_

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:005A , LADIES HOSTEL , SREE GOKULAM  
MEDICAL COLLEGE AND RESEARCH FOUNDATION  
VENJARAMDODU, TRIVANDUM.

  
Signature of Resident

  
Signature of Dean

**Dr. V. Girija MD**  
Principal  
Sree Gokulam Medical College &  
Research Foundation, Venjaramdodu  
Thiruvananthapuram-593 107