

**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 - RESIDENT (SR/JR)**

1.(a) Name... DR - MUF SIL . P.P

1.(b) Date of Birth & Age ..... 05.09.1986 , 30 YRS

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

Number ..... BZEP4709D ..... Issued by INCOME TAX DEPT 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: GENERAL SURGERY

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

1.(d) iv. City: VENJARAMOOD

1.(d) v. Date of appearance in Last MCI -UG/PG/Any Other Assessment 2/6/16

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 :  
RESIDENT HOSTEL , ROOM NO. 102C

SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION

VENJARAMOODU , TRWANDRUM

  
Signature of Resident

  
Signature of Dean