

NAME OF THE 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... MUHAMMED RAFI. MP1.(b) Date of Birth & Age... 01-10-1986

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

Photo ID submitted :

~~Passport copy / PAN Card / Voter ID / Aadhar Card.~~Number 982787268110 Issued by GOV 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 RESIDENT1.(d) ii. Department: PEDIATRICS1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE RESEARCH FOUNDATION1.(d) iv. City: THIRUVANANTHAPURAM1.(d) v. Date of appearance in Last MCI - UG/PG/Any Other Assessment 3/6/161.(d) vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No  Yes  No1.(d) vii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No  Yes  No1.(e) i. Campus Address of Resident: ROOM NO C-107.MEN'S HOSTEL, RESIDENTS' BLOCKSREE GOKULAM MEDICAL COLLEGE

Signature of Resident

Signature of Dean

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