

**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. NEELIMA. V. NAIR
- 1.(b) Date of Birth & Age: 17.04.1978, 38 YRS
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
~~Passport copy~~ / PAN Card / Voter ID / Aadhar Card  
Number: A.F.C.P.N. 2396 M 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: ASSOCIATE PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓
- 1.(d)ii. Department: OBSTETRICS + GYNAECOLOGY.
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE + RESEARCH FOUNDATION
- 1.(d)iv. City: VENJARAMOODU, TRIVANDRUM
- 1.(d) v. Nature of appointment: Regular / ~~Contractual~~.
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 2/6/16
- 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 :  
TC 28195-2, KAYYALAM, ATHANI LANG,  
KAITHAMUKKU, TRIVANDRUM-695024.

  
Signature of Faculty

  
Signature of Dean