

**NAME OF THE COLLEGE:** SREE GOKULAM MEDICAL COLLEGE AND 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. NIMMY.P.....

1.(b) Date of Birth & Age 26.08.1968, 48 yrs.....

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

Photo ID submitted :

~~Passport copy / PAN Card / Voter ID / Aadhar Card~~ ✓

Number 917572175306..... Issued by GOVERNMENT OF KERALA.



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: PROFESSOR

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

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

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

3-1888, AVANI, J-9, JYOTHINAGAR,

KESAVADASAPURAM, PATTOM P.O, TRIVANDRUM,

PIN - 695 004, KERALA.

Nimmy P.  
Signature of Faculty

Girija  
Signature of Dean

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