

NAME OF THE COLLEGE : SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
TIDY

| Date of Assessment | Remarks |
|-----------------------|---------|
| Accepted? (YES/NO) | |
| Name of the Assessor | |
| Signature of Assessor | |

DECLARATION FORM : 2017 - 2018 - FACULTY

1.(a) Name.. NIRMAL GEORGE.....

1.(b) Date of Birth & Age 23-05-1987, 29 years.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number ANAPN0237H..... 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: ASSISTANT PROFESSOR.....

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

1.(d)ii. Department: PHARMACOLOGY.....

1.(d) iii. College: SREEGOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION, VENJARAMOODU

1.(d)iv. City: TRIVANDRUM.....

1.(d) v. Nature of appointment: Regular / Contractual.....

UG - 02/06/2016

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment PG - 18/03/2016 .

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 : KADAYIL, ARADHANA NAGAR: 62,

NEAR SANKER'S HOSPITAL, KOLLAM P.O - 691001

[Signature]
Signature of Faculty

[Signature]
Signature of Dean

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