

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 - FAC

- 1.(a) Name..... M. B. NISHANT
- 1.(b) Date of Birth & Age 23-04-1977, 39 yrs.
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
Number 9946095



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. ✓
- 1.(d)ii. Department: ENT
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
- 1.(d)iv. City: THIRUVANANTHAPURAM
- 1.(d) v. Nature of appointment: Regular / ~~Contractual~~
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 02/06/16 ✓
- 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: GEETHANJALI, EURA - 68.
TC 16/515-1, JAGATHY, THYCAUD P.O.
THIRUVANANTHAPURAM, KERALA, 695014.

Signature of Faculty

Signature of Dean

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