

**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. P. B. SULEKHA DEVI.....

1.(b) Date of Birth & Age 1.1.1957 66 years.....

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

Photo ID submitted :

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

Number 26224044864..... Issued by GOVERNMENT 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: MEDICAL SUPERINTENDENT and PROFESSOR. OBSTETRICS & GYNAECOLOGY.

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

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

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 2/06/16

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 :
ASWATHY, KRATH TC 25/151
ANAYARA P.O. THIRUVANANTHAPURAM
PIN 695229, KERALA.

Signature of Faculty

Signature of Dean

Dr. V. Girija MD
Principal

Sree Gokulam Medical College &
Research Foundation, Venjaramoodu
Thiruvananthapuram-695 607