

**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 1.1.1950 ..... 66 years .....  
 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
 Photo ID submitted :  
~~Passport copy~~ / ~~PAN Card~~ / ~~Voter ID~~ / ~~Aadhar Card~~ ✓  
 Number 26224044869..... 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 and Gynaecology  
 1.(d)(i)a Certified copies of present appointment order at present institute attached. yes  
 1.(d)ii. Department: OBSTETRICS and 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 2/6/16  
 1.(d)vii Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes ✓  
 1.(d)viii Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes ✓  
 1.(e) Residential Address of employee :  
ASWATHY . KRA 74 . TC 25/151  
ANAYARA P.O THIRUVANANTHAPURAM.  
PIN 695029 . KERALA

Signature of Faculty

Signature of Dean

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