

**NAME OF THE COLLEGE** SREE GOKULAM MEDICAL COLLEGE & 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. NAZEEMA BEEVI.....

1.(b) Date of Birth & Age .....30.11.1954..... 61 yrs.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number .....AD.P.P.B. 5568 R..... Issued by INCOME TAX



DEPARTMENT. GOVT. 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: ASSOCIATE PROFESSOR

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

1.(d)ii. Department: COMMUNITY MEDICINE

1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION

1.(d)iv. City: THIRUVANANTHA PURAM.

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 & 3/6/16

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 :

TC 21453 (G) . PLOT NO. S.28 NISHANTA  
P.T. CHACKO NAGAR . ULLOOR. MEDICAL COLLEGE  
THIRUVANANTHA PURAM PIN. 659011

*Nazeema P*

Signature of Faculty

Signature of Dean

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