

**NAME OF THE COLLEGE :** SREE GOKULAM MEDICAL COLLEGE AND RESEARCH

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

**DECLARATION FORM : 2017 - 2018 - FACULTY**

1.(a) Name.....DR. P.R. PRAMEEDA.....

1.(b) Date of Birth & Age ...22-04-1975..... 41 yrs.....

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

Photo ID submitted :

Passport copy /  PAN Card /  Voter ID /  Aadhar Card

Number ALQPR 2608N 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.

1.(d)ii. Department: OBSTETRICS AND GYNÆCOLOGY

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

1.(d)iv. City: VENJARAMOODU

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/No

1.(d)viii Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No

1.(e) Residential Address of employee :  
NARAYANI NIVAS, RVRA-16, NR. GOVT. H.P.S  
RAMACHAMVILA, ATTINGAL (P.O)  
TRIVANDRUM

Signature of Faculty

Signature of Dean

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