

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: P. V. AJITH KUMAR
- 1.(b) Date of Birth & Age: 31.05.1968. 48 yrs.
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
 Photo ID submitted:
 Passport copy / PAN Card / Voter ID / Aadhar Card
 Number: ACHPV73&IC Issued by



COMMISSIONER, OF INCOME TAX TRIUVANDRUM
 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
- X.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d) ii. Department: GENERAL MEDICINE
- 1.(d) iii. College: SREE GOKULAM MEDICAL
- 1.(d) iv. City: COLLEGE & RESEARCH FOUNDATION,
- 1.(d) v. Nature of appointment: Regular / Contractual. TRIVANDRUM.
- 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 :
INDEEVARAM, BE-12, BREEZE
ENCLAVE, ULLOOR, MEDICAL
COLLEGE P.O. TRIVANDRUM.

Signature of Faculty

Signature of Dean

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