

NAME OF THE COLLEGE: SREE GOKULUM MEDICAL COLLEGE
& RESEARCH FOUNDATION

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

DECLARATION FORM : 2017 - 2018 - RESIDENT (SP/JP)

1.(a) Name.. PARRIPATI CHANDRA MITHILA

1.(b) Date of Birth & Age 24-02-1991

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card.

Number 3894 2747 0030 Issued by 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: JUNIOR RESIDENT

1.(d) ii. Department: OBSTETICS AND GYNAECOLOGY.

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

1.(d) iv. City: TRIVANDRUM

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment _____

1.(d) vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No

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

1.(e) i. Campus Address of Resident :

ROOM NO : 208 ; OLD LADIES HOSTEL.

SREE GOKULUM MEDICAL COLLEGE & RESEARCH
FOUNDATION, VENJARAMOODU, TRIVANDRUM.

PIN CODE : 695607

P. Chandra Mithila
Signature of Resident

Girija
Signature of Dean

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