

**SREE GOKULAM MEDICAL COLLEGE
+ RESEARCH FOUNDATION**

NAME OF THE COLLEGE :

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

DECLARATION FORM : 2017 - 2018 - RESIDENT (SR/JR)

1.(a) Name PAJI MATHEWS PHILIPSE

1.(b) Date of Birth & Age 21ST MAY 1976 / 40 YRS

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

Number BAOPP 39990 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: SENIOR RESIDENT

1.(d) ii. Department: GENERAL MEDICINE

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

1.(d) iv. City: THIRUVANANTHAPURAM - KERALA

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 2-6-2011 & 3-6-2016

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 :
403, RESIDENT'S HOSTEL, SREE GOKULAM MEDICAL COLLEGE + RESEARCH FOUNDATION VENJARAMOODU - THIRUVANANTHAPURAM, KERALA

Signature of Resident

Signature of Dean

Dr. V. Girija MD
Principal
Sree Gokulam Medical College &
Research Foundation, Venjaramoodu
Thiruvananthapuram-695 307