

SREE GOKULAM MEDICAL COLLEGE &
NAME OF THE 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. PRASEEDA S

1.(b) Date of Birth & Age 25-02-1985, 31 years

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

Photo ID submitted :

~~Passport copy~~ / ~~PAN Card~~ / Voter ID / ~~Aadhar Card~~

Number HVX2320299 Issued by ELECTORAL



REGISTRATION OFFICER

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: PHYSIOLOGY

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

1.(d)iv. City: VENJARAMOODU, TRIVANDRUM

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 :

R-7, JAI NAGAR, MEDICAL COLLEGE P.O,

THIRUVANANTHAPURAM - 695011


Signature of Faculty


Signature of Dean

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