

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

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

**DECLARATION FORM : 2017 - 2018 - RESIDENT (SD/ID)**

1.(a) Name..... Dr. PRAVEENA S

1.(b) Date of Birth & Age ..... 10/05/1988 , 28 years .....

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



Number ..... FSGPS7835J ..... 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: JUNIOR RESIDENT

1.(d) ii. Department: GENERAL SURGERY

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

1.(d) iv. City: TRIVANDRUM

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 02/06/16

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: HOSTEL Room No - 201A  
SREE GOKULAM MEDICAL COLLEGE , VENJARAMOODU P.O,  
TRIVANDRUM.

  
Signature of Resident

  
Signature of Dean

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