

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 - FACULTY

1.(a) Name..... R. ARCHANA PILLAI.....

1.(b) Date of Birth & Age 30-05-1979 37 years.....

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

Photo ID submitted :

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

Number ATHPP2562 J..... 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: ASSISTANT PROFESSOR

1.(d)(i)a Certified copies of present appointment order at present institute attached.

1.(d)ii. Department: ENT DEPARTMENT

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

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

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

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 :

TC 27/1742, MANGALAM, PERA-67 PATTOOR-
VANCHIYOOD ROAD, VANCHIYOOD PO TRIVANDRUM
695035


Signature of Faculty


Signature of Dean

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