

**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..... DR. R. DAYANANDA BABU.....
- 1.(b) Date of Birth & Age ..... 01.06.1949.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
Passport copy / PAN Card / Voter ID / Aadhar Card  
Number ..... 60 22 52 41 75 73..... 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: PROFESSOR AND HOD OF SURGERY
- 1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓
- 1.(d)ii. Department: GENERAL SURGERY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND 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
- 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 :  
TF - NIKUNJAM FORTUNE  
JAWAHAR NAGAR, KOWDIAR. P.O  
TRIVANDRUM - 695003

  
Signature of Faculty

  
Signature of Dean

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