

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. S. USHA DEVI
- 1.(b) Date of Birth & Age 15-05-1956 - 60 yrs
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
 Photo ID submitted :
 Passport copy / PAN Card / Voter ID / Aadhar Card
 Number AAAPU 57074 Issued by Commissioner of Income Tax, Cochin



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
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: ANAESTHESIOLOGY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE
- 1.(d)iv. City: TRIVANDRUM
- 1.(d) v. Nature of appointment: Regular / Contractual.
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment SREE GOKULAM MEDICAL COLLEGE - 7/10/16
- 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 - 30/1987 - 2
ANAJARA P.O.
TRIVANDRUM - KERALA - 695029.

Signature of Faculty

[Handwritten Signature]

Signature of Dean

Dr. V. Girija MD
Principal

Sree Gokulam Medical College & Research Foundation, Venjaramoodu
Thiruvananthapuram-695 607