

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL 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.....R. SAMADARS
1.(b) Date of Birth & Age 15/12/1952 63 yrs
1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
 Passport copy / PAN Card / Voter ID / Aadhar Card
Number ACJPR 4796P Issued by



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: PROF 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 & RESEARCH FOUNDATION
1.(d)iv. City: VENJARAMOODU, THIRUVANANTHA PURAM
1.(d) v. Nature of appointment: Regular / Contractual
1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 26/12
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 : "SARITHA", CHENTH
PONGUMMOODU, ILLAMKULAM, VLLDOR
MEDICAL COLLEGE P.O, TUPM

Signature of Faculty

Signature of Dean

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