

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. RADHIKA.K......

1.(b) Date of Birth & Age ..11.10.1949.....67 YRS......

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number KL/20/134/190197..... Issued by ELECTION.....

ACL PR 1401 P

" COMMISSION OF INDIA - COMMISSIONER OF INCOME TAX.

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 & HOD

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

1.(d)ii. Department: ANAESTHESIOLOGY.

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

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 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 :
DR. RADHIKA.K, TC NO 3/122 (1), 'RAMKAMAL'

PARUTHIPPARA, PATTOM. P.O

THIRUVANTHAPURAM, 695004.

Signature of Faculty Radhika

Signature of Dean Girija

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