

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: Dr. RATAN JANARDHANAN

1.(b) Date of Birth & Age: # 25.05.1960, 56yrs

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number: ACFPT 2308 H Issued by: Commissioner of I.T. Tum.



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: Associate Professor

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

1.(d)ii. Department: General Surgery

1.(d) iii. College: Sree Gokulam Medical College & Research Foundation

1.(d)iv. City: Thiruvananthapuram

1.(d) v. Nature of appointment: Regular / Contractual

1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment: 2016

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: ALLUVIKA; TC 7/220 (12)

R-32; MARUTHAMKUZHI, KANTIRAMPARA. P.O

THIRUVANANTHAPURAM, 695030

Signature of Faculty

Signature of Dean

Dr. V. Girija MD
Principal

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