

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 - RESIDENT (SR/JR)

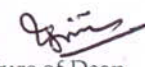
1.(a) Name... DR. RAJESH VIJAYAN
 1.(b) Date of Birth & Age... 05/03/1971, 45 YEARS
 1.(c) Submit Photo ID proof issued by Govt. Authorities :
 Photo ID submitted :
 Passport copy / PAN ~~Card~~ / Voter ID / Aadhar ~~Card~~.
 Number... H7300098..... Issued by PASSPORT OFFICER, TRIVANDRUM



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: SENIOR RESIDENT
 1.(d) ii. Department: ORTHOPAEDICS
 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
 1.(d) iv. City: TRIVANDRUM
 1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 2nd 3rd JUNE 2016
 1.(d) vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/~~No~~
 1.(d) vii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/~~No~~
 1.(e) i. Campus Address of Resident :
C-505, RESIDENTS HOSTEL
SREE GOKULAM MEDICAL COLLEGE, VENJARAMOODU
TRIVANDRUM


 Signature of Resident


 Signature of Dean

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