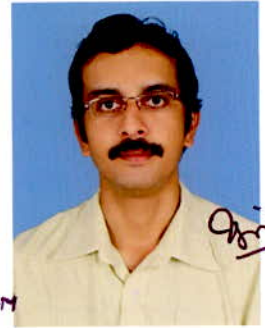


NAME OF THE COLLEGE : SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION.

Date of Assessment	Remarks
Accepted? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

DECLARATION FORM : 2017 - 2018 - FACULTY

- 1.(a) Name..... RAJU. G......
- 1.(b) Date of Birth & Age 19-05-1977 ; 39 years.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
~~Passport copy / PAN Card / Voter ID / Aadhar Card~~
Number K.78.24.322 Issued by THIRUVANANTHAPURAM



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: ASSISTANT PROFESSOR.
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: ANATOMY.
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION, VENJARAMOODU.
- 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 10-02-2017
- 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 15/2362, MRA-23, MOOLAVILAKOM
JUNCTION, VANCHIYOR POSTOFFICE, THIRUVANANTHAPURAM
PIN CODE - 695035.


Signature of Faculty


Signature of Dean

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