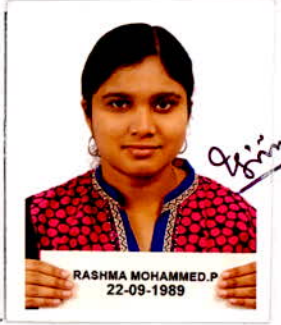


NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION

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

DECLARATION FORM : 2017 - 2018 - RESIDENT (SR/JR)

1.(a) Name.....RASHMA MOHAMMED P.....
 1.(b) Date of Birth & Age22-09-1989.....27.....
 1.(c) Submit Photo ID proof issued by Govt. Authorities :
 Photo ID submitted :
 Passport copy (PAN Card) ~~Voter ID/Aadhar Card.~~
 Number ...AYAPR 8396 N..... Issued by INCOME TAX DEPT, GOI



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: JUNIOR RESIDENT
 1.(d) ii. Department: GENERAL MEDICINE
 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE + RESEARCH FOUNDATION
 1.(d) iv. City: VENJARAMOODU, TRIVANDRUM
 1.(d) v. Date of appearance in Last MCI - UG/PG/Any Other Assessment 2-6-2016 & 3-8-2016
 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 :
ROOM NO. 202A
RESIDENTS HOSTEL, SGMCRF
VENJARAMOODU, TRIVANDRUM - 695607

Signature of Resident Rashma

Signature of Dean Dr. V. Girija

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