

**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.....RAZIN NAZARULLAH.....

1.(b) Date of Birth & Age .....15/07/1978.....

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

**Photo ID submitted :**

**Passport copy / PAN Card / Voter ID / Aadhar Card**

Number .....IC 7108777..... Issued by PASSPORT OFFICE 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: ASSOCIATE PROFESSOR

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

1.(d)ii. Department: PEDIATRICS

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

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 31/6/16 ✓

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  Yes /  No

1.(e) Residential Address of employee :  
SANICETHAM HOUSE

AT ROOR POST, VARICALA

TRIVANDRUM DIST, KERALA

Signature of Faculty

Signature of Dean

**Dr. V. Girija MD**  
Principal

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