

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 - FACULTY

1.(a) Name.....REGI. JOSE.....

1.(b) Date of Birth & Age01.01.1975..... - 41 yrs.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number ...K 273 000 3..... Issued by REPUBLIC OF INDIA



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: PROFESSOR

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

1.(d)ii. Department: COMMUNITY MEDICINE

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 2/6/16 and 3/6/16

1.(d)vii Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No 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 :

KUNNETHEDAM, R-1, JAINAGAR
MEDICAL COLLEGE P.O. THIRUVANANTHAPURAM
KERALA - INDIA - 695011

Signature of Faculty

Signature of Dean

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