

**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..... REKHA.R.S

1.(b) Date of Birth & Age ... 09-05-1978, 39 YEARS

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

Photo ID submitted :

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

Number ... AJMPR 3546H ..... Issued by GOVT. 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: ASSISTANT PROFESSOR

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

1.(d)ii. Department: OPHTHALMOLOGY

1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND 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 06/06/16

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

1.(e) Residential Address of employee :

'KANNUVILAKOM'

VAKKDM(P.O)

THIRUVANANTHAPURAM - 695308

Signature of Faculty

Signature of Dean

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