

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		

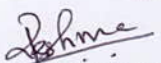
DECLARATION FORM : 2017 - 2018 - FACULTY

- 1.(a) Name.....DR. RESHMA SUGATHAN.....
- 1.(b) Date of Birth & Age 22.4.1983, 33 yrs.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
 Photo ID submitted :
 Passport copy / PAN Card / Voter ID / Aadhar Card
 Number ARA0097832..... Issued by ELECTION COMMISSION



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: DEPARTMENT OF ANAESTHESIOLOGY
- 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 07/10/16.
- 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 :
REMYA 1491 (12/1965)
PAZHAYA ROAD, MEDICAL COLLEGE P.O.,
TRIVANDRUM.


 Signature of Faculty


 Signature of Dean