

**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. RESMI S. .....

1.(b) Date of Birth & Age ... 16.06.1985 ... 31 YEARS .....

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

**Photo ID submitted :** ✓

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

Number ... D.F.Z.P.S.9376 J ..... Issued by INCOME TAX



DEPARTMENT.

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: COMMUNITY MEDICINE

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 2/6/16 & 3/6/16

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 ✓

1.(e) Residential Address of employee :

'SARITHA', CHENTHI, PONGUMMOODU,

ULLOOR, MEDICAL COLLEGE P.O - 695011

Signature of Faculty

Signature of Dean

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