

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 - RESIDENT (SR/JR)

1.(a) Name..... Dr. RIBIN C.....

1.(b) Date of Birth & Age ... 15.7/1990, 26 year.....

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card.



Number .. B.W.L.P.R.885414..... 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: JUNIOR RESIDENT

1.(d)ii. Department: GENERAL SURGERY

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

1.(d)iv. City: TRIVANDRAM


1.(d)v. Date of appearance in Last MCI - UG/PG/Any Other Assessment 02/06/16 ✓

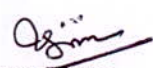
1.(d)vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No

1.(d)vii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No

1.(e)i. Campus Address of Resident : Room no: 302C

SREE GOKULAM MEDICAL COLLEGE RESEARCH FOUNDATION
TRIVANDRAM.


Signature of Resident


Signature of Dean