

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 - RESIDENT (SR/JR)

1.(a) Name..... ROINY T. VEMPENY.....

1.(b) Date of Birth & Age .. 23/03/1989 27yrs.....

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

Photo ID submitted :

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

Number .. AWVPV 32310 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 MEDICINE

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

1.(d) iv. City: VENJARAMOODU

1.(d) v. Date of appearance in Last MCI - UG/PG/Any Other Assessment 2-6-2016 & 3/6/2016

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 :
SREE GOKULAM MEDICAL COLLEGE

VENJARAMOODU, THIRUVANANTHAPURAM

695607, ROOM No: E 206

Signature of Resident

Signature of Dean