

**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 - FACULTY

1.(a) Name.....ROSHNI . V . S.....

1.(b) Date of Birth & Age ...3 . 3 . 1988..... 28 yrs.....

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

Photo ID submitted :

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

Number 3769 8622 7266... Issued by G.O.V.T. 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: TUTOR

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

1.(d)ii. Department: DEPARTMENT OF MICROBIOLOGY

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

1.(d)iv. City: VENJARAMODDU, TRIVANDRUM

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 :

KNRA 22
KAIRALI NAGAR
KURAVANKDNAM, KOWDIAR . P.O, TRIVANDRUM

Signature of Faculty

Signature of Dean

Dr. V. Girija MD
Principal

Sree Gokulam Medical College &
Research Foundation, Venjaramoodu
Thiruvananthapuram-695 607