

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..... SALVIN JOSEPH
1.(b) Date of Birth & Age 13-05-1986
1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
~~Passport copy / PAN Card / Voter ID / Aadhar Card.~~
Number 3812 8882 1353 Issued by GOVERNMENT OF T.N.D.S.



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: ORTHOPAEDICS
1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
1.(d) iv. City: TRIVANDRUM
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. 206 C
MENS HOSTEL, SGMCDRF CAMPUS
VENJARAMOODU, TRIVANDRUM

Salvin Joseph
Signature of Resident

[Signature]
Signature of Dean

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