

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. SAJITH J.S.....

1.(b) Date of Birth & Age 16-07-1984..... 32 yrs.....

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

Number J.S.I.U.S.5.3.8..... 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: SENIOR RESIDENT

1.(d) ii. Department: PEDIATRICS

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

1.(d) iv. City: TRIVANDRUM

1.(d) v. Date of appearance in Last MCI - UG/PG/Any Other Assessment 3/6/16

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

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

1.(e) i. Campus Address of Resident :

Room No: C-606

SREE GOKULAM MEDICAL COLLEGE & RESEARCH
FOUNDATION

Signature of Resident

Signature of Dean

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