

**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.....SALEENA S.....

1.(b) Date of Birth & Age 18/05/1989 27yr.....

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



Number 8005 6211 4187..... Issued by GOVERNMENT 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: PAEDIATRICS

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

1.(d) iv. City: \_\_\_\_\_

1.(d) v. Date of appearance in Last MCI - UG/PG/Any Other Assessment AUGUST 2012

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 :  
HOSTEL ROOM NO -

SREE GOKULAM MEDICAL COLLEGE

VENJARAMODU

Saleena S  
Signature of Resident

Dr. V. Girija  
Signature of Dean

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