

**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 - FACULTY**

- 1.(a) Name SANJAY ZACHARIAH
- 1.(b) Date of Birth & Age 04-09-1974 42 YEARS
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
Passport copy / PAN Card / Voter ID / Aadhar Card  
Number 5972 0776 1387 Issued by GOI



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: ASSOCIATE PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached. Yes
- 1.(d)ii. Department: MEDICINE
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
- 1.(d)iv. City: THIRUVANANTHAPURAM
- 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 :  
CRA 220C, PEKAKUZHIYIL HOUSE, CHENTHE,  
PONGUMOODU, MEDICAL COLLEGE P.O.  
THIRUVANANTHAPURAM, KERALA - 695011

Signature of Faculty

Signature of Dean

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