

SREE GOKULAM MEDICAL COLLEGE  
AND RESEARCH FOUNDATION

**NAME OF THE COLLEGE :** \_\_\_\_\_

Date of Assessment	Remarks
Accepted? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

**DECLARATION FORM : 2017 - 2018 - FACULTY**

- 1.(a) Name.....DR. SARANYA .J. BYJU.....
- 1.(b) Date of Birth & Age 24-9-1988 ; 27.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
**Photo ID submitted :**  
 Passport copy / PAN Card / Voter ID / Aadhar Card  
 Number KRR 2464089..... Issued by Election Commission 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: PHARMACOLOGY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
- 1.(d)iv. City: VENJARAMOODU, TRIVANDRUM
- 1.(d) v. Nature of appointment: Regular / Contractual. UG-2/6/2016
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment PU-18/3/2016
- 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 : SHWASHAKTHY  
MANAKKARA ; SASTHAMCOTTA P.O  
KOLLAM (DIST) PIN - 690521

Signature of Faculty

*[Handwritten Signature]*

Signature of Dean

*[Handwritten Signature]*

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