

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 - FACULTY

- 1.(a) Name. DR. SATHEESA KUMAR. S
- 1.(b) Date of Birth & Age 28.05.1969 47yrs
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
Number 716406069478 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: ASSISTANT PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached
- 1.(d)ii. Department: ORTHOPAEDIC SURGERY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
VENJARAMOODU
- 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 02/06/16
- 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 :
SWASHREE', APPA - 32 A,
PULLI LANE, PETTAH P.O.,
THIRUVANANTHAPURAM, KERALA, PIN - 695024

Signature of Faculty

Signature of Dean

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