

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. SATHESH KUMAR . C.....

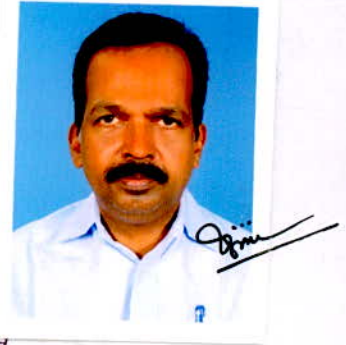
1.(b) Date of Birth & Age 29/05/1959.....

1.(c) Submit Photo ID proof issued by Govt. Authorities :

Photo ID submitted :

~~Passport copy / PAN Card / Voter ID / Aadhar Card.~~

Number BCC 1387224..... 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: SENIOR RESIDENT

1.(d)ii. Department: GENERAL SURGERY

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

1.(d)iv. City: VENJARAMOOD , TRIVANDRUM

1.(d)v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 02/06/16

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 : ROOM . NO . 103 C

RESIDENT HOSTEL , SREE GOKULAM MEDICAL-
COLLEGE , VENJARAMOOD

Sathesh

Signature of Resident

Girija

Signature of Dean

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