

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION, VENJARAMOODY

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

DECLARATION FORM : 2017 - 2018 - FACULTY

1.(a) Name..... SHAJI SM

1.(b) Date of Birth & Age 04.01.1967 50yrs

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number Z. 2943647

Issued by MINISTRY OF EXTERNAL AFFAIRS, 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: ASSOCIATE PROFESSOR

1.(d)(i)a Certified copies of present appointment order at present institute attached. YES

1.(d)ii. Department: PEDIATRICS

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

OASIS

PULITENCHANJIKKA In, VAREGALA

DISI- THIRUVANANTHAPURAM; KERALA STATE - 69541

Signature of Faculty

Signature of Dean

Dr. V. Girija MD
Principal

Sree Gokulam Medical College &
Research Foundation, Venjaramoodu
Thiruvananthapuram-695 607