

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. SHANI RIYAZ.....

1.(b) Date of Birth & Age01.05.1985, 31 YRS.....

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
~~Passport copy / PAN Card / Voter ID/Aadhar Card.~~



NumberAMOPJ 85206..... Issued by INCOME TAX
DEPT, 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: RADIO DIAGNOSIS

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

1.(d)iv. City: THIRUVANANTHAPURAM

1.(d)v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 02/6/16 ✓

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 :
RESIDENT HOSTEL . 0094

SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION

VENJARAMOODU, THIRUVANANTHAPURAM


Signature of Resident


Signature of Dean

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