

**NAME OF THE COLLEGE:** SREE GOKULAM MEDICAL COLLEGE  
AND 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. SHEENA KRISHNAN.....

1.(b) Date of Birth & Age .....25-12-1985.....30 yrs.....

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

Photo ID submitted :

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

Number .....2851.....2693.....2553 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: JUNIOR RESIDENT

1.(d) ii. Department: OBSTETRICS AND GYNAECOLOGY

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

1.(d) iv. City: VENTARAMOODU

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 2/6/16

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 :

ROOM NO: 106.

LADIES HOSTEL

SGMC & RF, VENTARAMOODU,

Signature of Resident

Signature of Dean

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