

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE & 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.....DR. SHERAFUDEEN..Y.....

1.(b) Date of Birth & Age17-3-1951.....66 years.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number AA.J.Py.1853.A..... Issued by Commissioner of IT TRIVANDRUM



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: PROFESSOR

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

1.(d)ii. Department: ORTHO PAEDICS

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

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

1.(d) v. Nature of appointment: Regular / ~~Contractual~~ ✓

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 02/06/2016

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 : SITHARA GARDENS

KOITHAR KONAM, POTHENCODE 695584

TRIVANDRUM, KERALA

Signature of Faculty

Signature of Dean

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