

NAME OF THE COLLEGE : SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION

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

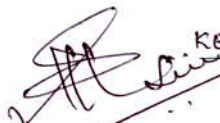
DECLARATION FORM : 2017 - 2018 - FACULTY

- 1.(a) Name: Dr. Simi S.M
- 1.(b) Date of Birth & Age: 15.8.1980, 36 YRS
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
Number: BFS.PM.3543.A Issued by INCOME TAX
DEPARTMENT, GOVERNMENT 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.
- 1.(d)ii. Department: DERMATOLOGY, VENEREOLOGY & LEPROLOGY
- 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 2-6-2016 3-6-2016
- 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 :
'SURAMAM', KOTTUKANJIRAM VILA,
PAPPANAMCODE P.O, THIRUVANANTHAPURAM
KERALA PIN 695018


Signature of Faculty


Signature of Dean

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