

**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 - FACULTY**

- 1.(a) Name..... SMITHA KIRAN
- 1.(b) Date of Birth & Age ..... 44 YRS, 31 MAY 1972
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
~~Passport copy~~ / ~~PAN Card~~ / ~~Voter ID~~ /  Aadhar Card  
Number 6041 8209 4250 Issued by 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: ASSISTANT PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached. YES
- 1.(d)ii. Department: DEPARTMENT OF GENERAL MEDICINE
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND 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 2/6/16 & 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 :  
BHAGYASHREE, KRA D-68 TC 4/123/19  
JVC GARDENS, KURAVONKONAM, KOWDIAR  
THIRUVANANTHAPURAM - 695003

  
Signature of Faculty

  
Signature of Dean

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