

**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.S .....
- 1.(b) Date of Birth & Age 17-07-1979 36 YEARS.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
 Photo ID submitted :  
Passport copy / PAN Card / Voter ID / Aadhar Card  
 Number 663313264959... 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. ✓
- 1.(d)ii. Department: FORENSIC MEDICINE
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
- 1.(d)iv. City: VENJARAMOODU, THIRUVANANTHAPURAM
- 1.(d) v. Nature of appointment: Regular / ~~Contractual~~ ✓
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 2/06/2016
- 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 :  
'NEETHISREE' HOUSE No: 48  
ASWATHY GARDENS, AMBALATHARA, POONTHURA P.O  
THIRUVANANTHAPURAM, PIN- 695026

Signature of Faculty

Signature of Dean

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