

**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. SREEJA . G.R.....

1.(b) Date of Birth & Age 12-01-1982.....24 yrs.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number K.1677272..... Issued by PASSPORT.....  
Office



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: OBSTETRICS & GYNAECOLOGY

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

1.(d)iv. City: TRIVANDRUM

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

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment \_\_\_\_\_

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 :

R. P NILAYAM , PADANILAM , CHIRAYINKIL  
TRIVANDRUM

  
Signature of Faculty

  
Signature of Dean

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