

NAME OF THE COLLEGE :

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

DECLARATION FORM : 2017 - 2018 - RESIDENT (SR/JR)

1.(a) Name..... SREEJITH S.

1.(b) Date of Birth & Age 10th MAY 1986

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card.



Number .. AWE 1461532 Issued by ELECTION COMMISSION

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: JUNIOR RESIDENT

1.(d)ii. Department: GENERAL MEDICINE

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

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

1.(d)v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 2-6-2016 & 3-6-2017

1.(d)vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/~~No~~

1.(d)vii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/~~No~~

1.(e)i. Campus Address of Resident : RESIDENTS HOSTEL - C BLOCK C 108

SREE GOKULAM MEDICAL COLLEGE AND RESEARCH CENTRE,

VENJARAMOODU, TRIVANDRUM.

Signature of Resident

Signature of Dean

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