

**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 SREEKANTH K S
- 1.(b) Date of Birth & Age 31-05-1976, 40 YEARS
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :   
Passport copy / PAN Card / Voter ID / Aadhar Card  
Number AXEPS 2048H Issued by GOVT. 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: PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: BIOCHEMISTRY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
- 1.(d)iv. City: VENJARAMOODU, THIRUVANANTHAPURAM - 695607
- 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  Yes /  No
- 1.(d)viii Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No  Yes /  No
- 1.(e) Residential Address of employee :  
TC 50/1101, SKRA - 37,  
SREEKRISHNA NAGAR, THALIYAL, KARAMANA . P.O,  
THIRUVANANTHAPURAM - 695002 , KERALA

  
Signature of Faculty

  
Signature of Dean

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