

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. SREEKUMARI. S......
- 1.(b) Date of Birth & Age... 67, 5/3/1949.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
Number 417438720135... Issued by ... GOI.....



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 AND HEAD
- 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 AND
RESEARCH FOUNDATION
- 1.(d)iv. City: 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
- 1.(d)viii Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No
- 1.(e) Residential Address of employee :
MRA - 22, MADATHUVILA LANE
MEDICAL COLLEGE P.O,
THIRUVANANTHAPURAM - 695011

S. Sreekumari
Signature of Faculty

Girija
Signature of Dean

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