

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 - RESIDENT (SR/IR)

1.(a) Name.....DR. SUBHASH. R. KURUP.....

1.(b) Date of Birth & Age01/04/1982, 34 YEARS.....

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

Photo ID submitted :

~~Passport copy~~ / PAN Card / ~~Voter ID~~ / ~~Aadhar Card~~.

Number BYHPK0918B..... Issued by INCOME TAX
DEPT



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: DEPT. OF DENTISTRY

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

1.(d)iv. City: THIRUVANANTHAPURAM.

1.(d)v. Date of appearance in Last MCI - UG/PG/Any Other Assessment 26/16

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 : RESIDENT HOSTEL , ROOM No: 704C

SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION

VENJARAMOODU , TRIVANDRUM


Signature of Resident


Signature of Dean

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