

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 (GRU)

- 1.(a) Name.....DR. SUBITHA. E. B......
- 1.(b) Date of Birth & Age12/3/1987, 29 yrs.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
~~Passport copy/ PAN Card / Voter ID/Aadhar Card.~~
Number A.X.T.P.B. 1868 M Issued by INCOME TAX DEPT, 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: JUNIOR RESIDENT
- 1.(d) ii. Department: RNT
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
- 1.(d) iv. City: TRIVANDRUM
- 1.(d) v. Date of appearance in Last MCI - UG/PG/Any Other Assessment 2/6/16
- 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 :

RESIDENTS HOSTEL, ROOM NO: 111A
SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
VENJARAMOODU


Signature of Resident


Signature of Dean

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