

**NAME OF THE COLLEGE:** SREE GOKULAM MEDICAL COLLEGE AND 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. SUDIN KOSHY.....

1.(b) Date of Birth & Age 25-05-1975, 41<sup>yr</sup>.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID /  Aadhar Card

Number DVJ 1088194..... Issued by ELECTION

COMMISSION 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: ASSOCIATE PROFESSOR

1.(d)(i)a Certified copies of present appointment order at present institute attached. - YES

1.(d)ii. Department: RESPIRATORY MEDICINE

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

1.(d)iv. City: THIRUVANANTHAPURAM

1.(d) v. Nature of appointment: Regular /  Contractual.

1.(d)vi. Date of appearance in Last MCI - UG/~~PG~~/ Any Other Assessment 2-06-16

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 : TC 10/731(12), B-3 VILLA

SOWPARNIKA VILLA, MUKKOLACKAL P.O, MANNAN THALA

THIRUVANANTHAPURAM, KERALA - 695043

Sudin Koshy  
Signature of Faculty

[Signature]  
Signature of Dean

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