

SREE GOKULAM MEDICAL COLLEGE AND
RESEARCH FOUNDATION

NAME OF THE COLLEGE: RESEARCH FOUNDATION

Date of Assessment		Remarks
Accepted? (YES/NO)		
Name of the Assessor		
Signature of Assessor		


DECLARATION FORM : 2017 - 2018 - FACULTY

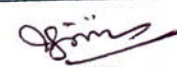
- 1.(a) Name.....S.UJANA.GI.....
- 1.(b) Date of Birth & Age19-12-1988, 27 YRS.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
 Passport copy / PAN Card / Voter ID / Aadhar Card
- Number BM.WPG.7277G..... Issued by INCOME TAX DEPARTMENT



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: TUTOR
- 1.(d)(i)a. Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: OF PATHOLOGY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
- 1.(d)iv. City: TRIVANDRUM
- 1.(d) v. Nature of appointment: Regular / Contractual.
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment _____
- 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 :
BUNGALOWIL VEEDU
ERAVIPURAM. P.O
KOLLAM


Signature of Faculty


Signature of Dean

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