

**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... SULPHI ABDUL BASHEER

1.(b) Date of Birth & Age 21/11/1974 41 YEARS

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

Photo ID submitted :

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

Number BGYP57292D 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: ASSOCIATE PROFESSOR

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

1.(d)ii. Department: DENTISTRY

1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND 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 02/06/16

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 : NINRA-52 PATTAPPALLY HOUSE

NALANDA, NANTHANCODE, THIRUVANANTHAPURAM.

KERALA, PIN - 695 003

Signature of Faculty

Signature of Dean

**Dr. V. Girija MD**  
Principal

Sree Gokulam Medical College &  
Research Foundation, Venjaramoodu  
Thiruvananthapuram-695 607