

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE & R F

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

DECLARATION FORM : 2017 - 2018 - FACULTY

1.(a) Name.....SUMESH RAI.....

1.(b) Date of Birth & Age 23-12-1976, 39 yrs.....

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number J 84 23 615 Issued by

PASSPORT OFFICE, TRIVANDRUM



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: PROFESSOR

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

1.(d)ii. Department: GENERAL MEDICINE

1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & R F

1.(d)iv. City: THIRUVANANTHAPURAM

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

1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 2/6/16 & 3/6/16

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 :

REMYA, PRRA - 136, PAZHAYA ROAD

MEDICAL COLLEGE PO, TRIVANDRUM

Sumesh Rai
Signature of Faculty

Girija
Signature of Dean - 695011

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