

**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.....SURESH BABU R......
- 1.(b) Date of Birth & Age ...22/05/1957.....59 yr.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
 Photo ID submitted :  
Passport copy / PAN Card / Voter ID / Aadhar Card ✓  
 Number 7659 0879 1207..... Issued by UIAI.....



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: ASSISTANT PROFESSOR.
- 1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓
- 1.(d)ii. Department: ANAESTHESIA
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE
- 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 07/10/16.
- 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 : "SUNSHINE"  
TC 79/2728(U), ANAYARA PO  
TRIVANDRUM

[Signature]  
 Signature of Faculty

[Signature]  
 Signature of Dean

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