

**NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION**

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

**DECLARATION FORM : 2017 - 2018 - RESIDENT (SR/JR)**

1.(a) Name: DR. SWATHI VITAYAN

1.(b) Date of Birth & Age: 23-01-1987, 29 yrs

1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
Passport copy / PAN Card / Voter ID / Aadhar Card.



Number EMOPS7076E Issued by GOVT. 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: JUNIOR RESIDENT

1.(d) ii. Department: DENTISTRY

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

1.(d) iv. City: TRIVANDRUM

1.(d) v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 02/06/16

1.(d) vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No

1.(d) vii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No

1.(e) i. Campus Address of Resident :  
RESIDENT HOSTEL

ROOM NO 205-A

SREE GOKULAM MEDICAL COLLEGE, VENJARAMOODU P.O,

TRIVANDRUM - 695607

Signature of Resident

Signature of Dean

**Dr. V. Girija MD**  
Principal

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