

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 - FACULTY


- 1.(a) Name DR. G.P. MADHUSUDANAN
- 1.(b) Date of Birth & Age 13 JANUARY 1950 66 y.m
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
- Number U.H.E. 0507640 Issued by Election Commission 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: PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: ANAESTHESIOLOGY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE + 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 07 Octo 2016
- 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 :
3A, SREE BHANYA CASTLE, KOWDIAR PO
THIRUVANANTHAPURAM
695003


Signature of Faculty


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