

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION, VENJARAMOODU, THIRUVANANTHAPURAM.

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. TEENA MARY VARGHESE

1.(b) Date of Birth & Age: 08.11.1980; 35 YRS.

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

Photo ID submitted:

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

Number: AOYPV4713 P 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: JUNIOR RESIDENT

1.(d) ii. Department: GENERAL MEDICINE

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

1.(d) iv. City: THIRUVANANTHAPURAM.

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

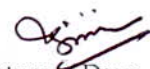
1.(d) vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No

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

1.(e) i. Campus Address of Resident: ROOM NO: 207 A

SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION, VENJARAMOODU, THIRUVANANTHAPURAM.


Signature of Resident


Signature of Dean

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