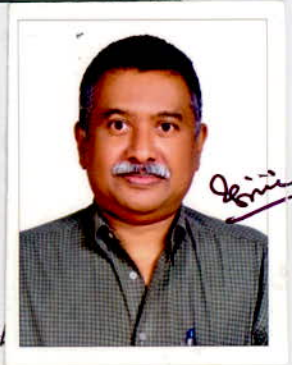


NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION

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

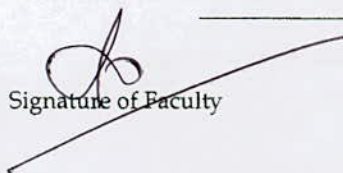
DECLARATION FORM : 2017 - 2018 - FACULTY

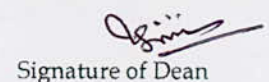
- 1.(a) Name... DR. THOMAS THOMAS KARAIKATTIL
- 1.(b) Date of Birth & Age 07/12/1957 58yrs.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / ~~PAN Card~~ / ~~Voter ID~~ / ~~Aadhar Card~~
Number H 675 6506 Issued by PASSPORT OFFICE TUM.



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: ASSOCIATE PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: GENERAL SURGERY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE
- 1.(d)iv. City: VENTARAMOORU, TUM.
- 1.(d) v. Nature of appointment: Regular / ~~Contractual~~
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 2/6/16
- 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 : METHOGE ESTATE
ANAD P.O, NEDUMANGAD
TRIVANDRUM DIST 695541


Signature of Faculty


Signature of Dean