

**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 : 2016 - 2017 - RESIDENT (SR/JR)**

1.(a) Name.....UMA GIRIDHAR.....

1.(b) Date of Birth & Age .....03/09/1986, 29 years.....

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

Number .....BBYPG8151N..... 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: SENIOR RESIDENT

1.(d)ii. Department: RADIO DIAGNOSIS

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

1.(d)iv. City: TRIVANDRUM

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 :  
RESIDENTS HOSTEL Room No. 010A  
SREE GOKULAM MEDICAL COLLEGE & RESEARCH-  
FOUNDATION, VENJARAMOOD, TRIVANDRUM