

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION/TUM.

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

DECLARATION FORM : 2017 - 2018 - FACULTY

1.(a) Name... DR. V. M. KURSHID

1.(b) Date of Birth & Age... 14-5-1950 66 years.

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number ADPPM 7184F Issued by COMMISSION OF INCOME TAX



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: ANATOMY

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

1.(d)iv. City: TRIVANDRUM RESEARCH FOUNDATION

1.(d) v. Nature of appointment: Regular / Contractual

1.(d)vi. Date of appearance in Last MCI - ~~UG~~ / PG / Any Other Assessment 27-7-2016

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 : SHAMIER MANZIL

MOSQUE LANE, KUMARAPURAM
TRIVANDRUM - 695011

Signature of Faculty

Kurshid

Signature of Dean

[Signature]