

**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. V. SUJA.....
- 1.(b) Date of Birth & Age 30-05-1986 - 60 yrs.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
Passport copy / PAN Card / Voter ID / Aadhar Card  
Number 4589.....9483.....4119. Issued by GOVT 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 & HOD
- 1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓
- 1.(d)ii. Department: DERMATOLOGY and VENEREOLOGY
- 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 2013 - Regals
- 1.(d)vii Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No ✓  
2016 - Compliance DUJX
- 1.(d)viii Whether appeared in Last MCI - UG/PG Assessment on same Designation -  
✓ Yes/No
- 1.(e) Residential Address of employee : DR. V. SUJA  
'NIJASS', MRA- 46, MADATHUVILA LANE  
MEDICAL COLLEGE . P.O, THIRUVANANTHAPURAM  
KERALA - 695011

Signature of Faculty

Signature of Dean

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