

**NAME OF THE COLLEGE:** SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION, VENJARAMOODU TRIVANDRUM

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


**DECLARATION FORM : 2017 - 2018 - FACULTY**


- 1.(a) Name... DR. VENUGOPALAN. P.G......
- 1.(b) Date of Birth & Age ... 10.3.1967 49yrs.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
Passport copy / PAN Card / Voter ID / Aadhar Card  
Number ..... N.542.7845..... Issued by TRIVANDRUM KERALA



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: ANAESTHESIOLOGY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
- 1.(d)iv. City: TRIVANDRUM
- 1.(d) v. Nature of appointment: Regular / Contractual. ✓
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 07/10/16
- 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 :  
DR. VENUGOPALAN. P.G. ARAVINDAM TC 13/1827(37),  
ICUMARAPURAM, MEDICAL COLLEGE. P.O.  
TRIVANDRUM 695011, KERALA.

  
Signature of Faculty

  
Signature of Dean

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