

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

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

DECLARATION FORM : 2017 - 2018 - FACULTY

- 1.(a) Name..... VISHU. T.A
- 1.(b) Date of Birth & Age ... 14/4/1989 , 28 yrs
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
~~Passport copy / PAN Card / Voter ID / Aadhar Card~~ ✓
Number .. 2021 8802 1881 .. Issued by GOVERNMENT 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: TUTOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓
- 1.(d)ii. Department: MICROBIOLOGY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
- 1.(d)iv. City: VENJARAMOOD
- 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 3/6/16
- 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 :
VISHUKKANI
MUTTAPPARAM.P.O
VAREKKA, TRIVANDRUM.


Signature of Faculty


Signature of Dean

Dr. V. Girija MD
Principal
Sree Gokulam Medical College
Research Foundation, Venjaram
Thiruvananthapuram-695 601