

**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..... VIVEK GEORGE.....
- 1.(b) Date of Birth & Age ..... 03/11/1970 45 YEARS......
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
Passport copy / PAN Card / Voter ID / Aadhar Card  
Number ... K 7835912 ..... Issued by PASSPORT OFFICE TRIVANDRUM.



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: PATHOLOGY.
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION.
- 1.(d)iv. City: VENJARAMOODU.
- 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
- 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 :  
A-77, SRIRANGAM LANE  
SASTHAMANGALAM  
TRIVANDRUM 695010.

  
Signature of Faculty

  
Signature of Dean

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