

**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..... ASWATHY SUNDARESH.....
- 1.(b) Date of Birth & Age 01-01-1985 ..... 30.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :  
~~Passport copy~~ / ~~PAN Card~~ / ~~Voter ID~~ /  ~~Aadhar Card~~  
Number 76082...880...1333..... Issued by GOV.L.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: ASSISTANT PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached
- 1.(d)ii. Department: BIOCHEMISTRY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE
- 1.(d)iv. City: VENJARAMOODU, TRIVANDRUM
- 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 : SREEVARDHINI, TC5/1391(2)  
DEVI LANE, MUTTAMPARAMBU  
SREEKARYAM, TRIVANDRUM, 695017

  
Signature of Faculty

  
Signature of Dean

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