

**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..... BINI BALAKRISHNAN.....
- 1.(b) Date of Birth & Age ..... 15-10-1986 ; 29 YEARS.....
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :   
Passport copy / PAN Card / Voter ID / Aadhar Card  
Number ..... BJGPB4575F..... Issued by INCOME TAX  
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: ASSISTANT PROFESSOR
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: PHYSIOLOGY
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION
- 1.(d)iv. City: VENJARAMOODU (P.O), THIRUVANANTHAPURAM.
- 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 :  
502-ROOM, LADIES HOSTEL, SREE GOKULAM  
MEDICAL COLLEGE & RESEARCH FOUNDATION,  
VENJARAMOODU (P.O), THIRUVANANTHAPURAM.

Signature of Faculty

Signature of Dean