

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..... SWAPNA . C . SENAN

1.(b) Date of Birth & Age 26.04.1983 , 33 yrs

1.(c) Submit Photo ID proof issued by Govt. Authorities :

Photo ID submitted :

~~R~~Passport copy / ~~P~~PAN Card / Voter ID / ~~A~~Aadhar Card

Number HMX 1291863 Issued by



ELECTION COMMISSION 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: MICROBIOLOGY

1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE + RESEARCH
FOUNDATION.

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 _____

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 : ELCIYIL

CHIRAYINKEEZHU . P . O

TRIVANDRUM , PIN : 695304

Signature of Faculty

Signature of Dean

Dr. V. Girija MD
Principal

Sree Gokulam Medical College &
Research Foundation, Venjaramoodu
Thiruvananthapuram-695 607