

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 - RESIDENT (SR/JR)

1.(a) Name... Dr. NOUSHEED ANI - M

1.(b) Date of Birth & Age... 02-02-1983, 33yr

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

Photo ID submitted:
~~Passport copy~~ / PAN Card / Voter ID / Aadhar Card.

Number... AMZPN5146P Issued by 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: SENIOR RESIDENT

1.(d) ii. Department: PEADIATRICS

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

1.(d) iv. City: TRIVANDRUM, VANCHARAM MOOD

1.(d) v. Date of appearance in Last MCI - UG/PG/Any Other Assessment _____

1.(d) vi. Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No

1.(d) vii. Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No

1.(e) i. Campus Address of Resident: MEN', HOSTEL, Room No: C-604

SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION

[Signature]
Signature of Resident

[Signature]
Signature of Dean

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