

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 DR. VINOO JACOB

1.(b) Date of Birth & Age 27.01-1971, 45 YEARS

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

Photo ID submitted :

Passport copy / PAN Card / Voter ID / Aadhar Card

Number AFPPV 8754K Issued by



INCOME TAX DEPARTMENT

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: RADIO-DIAGNOSIS

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

1.(d)iv. City: 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

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 : KORAMANNIK, PATTOM

TRIVANDRUM

PIN- 695004, KEMARA.

Signature of Faculty

Signature of Dean

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