

**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.....V.I.S.A.K.H.....P.R.A.S.A.D.....

1.(b) Date of Birth & Age ..30-5-1970..... 46 YEARS.....

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

**Photo ID submitted :**

**Passport-copy / PAN-Card / Voter ID / Aadhar Card**

Number 9093...4503...4615..... 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: ASSOCIATE 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: THIRUVANANTHAPURAM

1.(d) v. Nature of appointment: Regular / Contractual.

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 02/06/16

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 :

T.C. 6/1555 (2), VAISAKHAM, S.C.T. NAGAR,

THURUVIKKAL, THIRUVANANTHAPURAM - 695011

make  
Signature of Faculty

Signature of Dean

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