



GOVERNMENT MEDICAL COLLEGE, MANJERI, MALAPPURAM.

VERIFICATION FORM

(Put ✓ Mark in the appropriate box or write necessary information in the space provided)

Name of Students		Course	MBBS
Nativity		Quota	State <input type="checkbox"/> AIQ <input type="checkbox"/>
District		Rank	
State		Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
PIN Code		Religion	
Mobile Number		Caste	

(OFFICE USE ONLY)

DOCUMENTS TO BE VERIFIED

(Kindly arrange the documents in the following order)

1.	Hall Ticket for the Entrance Examination		
2.	Allotment Memo from the CEE/DME/DGHS/MCC/New Delhi (3 Copies)		
3.	Admit card NEET UG 2021		
4.	Mark Sheet & Score Card (NEET & CEE)		
5.	Data Sheet from CEE		
6.	Document to prove Date of Birth (SSLC Book /Matriculation/ Copy of Passport if DOB not mentioned in 10 th certificate)		
7.	10 th Pass certificate		
	10 th Mark list (CBSE, ICSE –if any)		
	12 th Pass certificate		
	12 th Mark list (CBSE, ICSE –if any)		
8.	Transfer Certificate		
9.	Course & Conduct Certificate		
10.	Passport Size Photograph (2 copies)		
11.	Physical Fitness Certificate obtained from a Medical Officer in Service not below the rank of an Asst.Surgeon(in the format given in the Annex.XVII(b) of the CEE Prospectus 2021.)		
12.	Certificate of vaccination HBV, MMR, Chickenpox		
13.	Disability certificate (For AIQ- PD category in prescribed format from MCC)		
14.	Fee receipt (paid at CEE)		
15.	If allotment is under SC/ST/OEC or OBC/SEBC quota, EWS quota, produce Community Certificate, Non Creamy Layer Certificate		
16.	Eligibility certificate (If Required)(Other than CBSE/Kerala HSE)		
17.	Migration Certificate (if required)		
18.	Equivalence Certificate(if required)(Other than CBSE/Kerala HSE)		
19.	Relieving Order (where relevant/ service candidate)		
20.	Declaration duly signed by the students and Guardian in the appended format		
21.	Bio- Data in the appended format		
22.	Data Sheet of KUHS in the appended format		
23.	Bond in the prescribed form in Kerala Stamp Paper Worth Rs. 200/- (Four 50 Rupees Stamp Paper).Bond should be printed only from LRC attached to this institution.		

Name & Designation of Verifying Officer

PRINCIPAL



DECLARATION I

I do hereby declare that I will submit the following documents within seven days failing which myself is solely responsible for the termination of my provisional admission.

- 1.
- 2.
- 3.
- 4.

Signature of student with date:

Name:

DECLARATION II

I am fully aware that any violation found in the procedure of submission of bond as specified in the prospectus of 2021-22 by any Govt. Order in force will lead to the termination of my provisional admission and do hereby declare that I am solely and fully liable and responsible for the same and as it is a lapse from my own side, I do not have any claim for my admission and never proceed to any legal procedure against my declaration.

Signature of student with date:

Name:

DECLARATION III*

(For kerala SC/ST/OEC/ fisherman Students)

I _____ hereby declare that, I belongs to SC/ST/OEC/Fisherman candidates(Keralites) and I will apply for fee concession through online within one week after starting the class. Otherwise I will be liable to pay full fees with fine

Signature of student with date:

Name:

SPECIAL ATTENTION

Fee concession and Refund of fee (if eligible) is available though E- grantz.



GOVERNMENT MEDICAL COLLEGE, MANJERI, MALAPPURAM.

BIO-DATA

Name of Student (As In 10 th Certificate)		
Expansion of initials		Paste your Photograph firmly here. Do not staple
Sex		
Date Of Birth (DD/MM/YYYY)		
Religion, Community and Caste		
Whether SC/ST/OEC		
Mother Tongue		
Name of Entrance Exam appeared		
Rank number and Roll Number		
Qualifying Exam (+2/HSC/ CBSE/ ICSE/ Others)		
Register No/ Roll No Month and year of passing qualifying exam		
School where educated (12 th)		
Name of authority issued pass certificate of the qualifying exam (Govt. of Kerala/CBSE/ICSE etc)		
Present Address (with Pincode)		
Communication Address (with Pincode)		
Land Line Telephone No		
Mobile Number		
E-mail ID		
Marks obtained by the candidate in the qualifying examination		
Physics + Chemistry + Biology	Maximum Marks	% of marks
.....+.....+.....=.....:		
Biology alone	Maximum Marks	% of marks
English alone	Maximum Marks	% of marks

Marks Obtained by the candidate in the qualifying entrance examination		
Name of entrance exam	Marks obtained	Maximum marks
Name of Parent/Guardian		
Address of Parent/Guardian		
Mobile Number of Parent/Guardian		
Name and address of local guardian(If any) with contact number)		

DECLARATION

1. Details mentioned above are true to the best of my knowledge and belief.
2. I,, the undersigned, student of the Govt. Medical College, Manjeri hereby agree with the Chief Secretary to the Govt. of Kerala, his successor and assignees to confirm from this date to the rules and regulations including those relating to the hostel if I am admitted there to laid down or to be laid down herein after by the Chief Secretary to the Govt. of Kerala or the Principal, for the time being of Govt. Medical College, Manjeri for the due maintenance of discipline at the said Medical College.
3. I further agree with the said Chief Secretary to the Govt. of Kerala his successor and assignees to make good when called upon to do so to the Govt. of Kerala any damage to the furniture, apparatus or other things which may be caused by any carelessness, negligence or wantonness on my part.
4. I further agree in case it is found that I had secured admission by adopting or resorting to fraudulent means, my admission will be cancelled and my name will be removed from the rolls.
5. In witness where of I have hereunto set my hands on this day 20_ _

6. Signature with name and date of the student:

7. Signature with name and date of Parent/Guardian:



GOVERNMENT MEDICAL COLLEGE, MANJERI, MALAPPURAM.

DATA SHEET OF KUHS

(Put √ Mark in the appropriate box or write necessary information in the space provided in CAPITAL LETTER)

1	NAME OF STUDENT (AS IN 10 TH CERTIFICATE)			
2	COURSE	MBBS		Paste your Photograph firmly here. Do not staple
3	STREAM	MEDICAL		
4	YEAR OF ADMISSION			
5	SEX	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
6	DATE OF BIRTH (DD/MM/YYYY)			
7	NATIVITY	KERALITE <input type="checkbox"/> CITIZEN OF INDIA <input type="checkbox"/> PERSON OF INDIAN ORIGIN <input type="checkbox"/>		
8	NATIONALITY			
9	BLOOD GROUP	A+ <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B- <input type="checkbox"/> AB+ <input type="checkbox"/> AB- <input type="checkbox"/> O+ <input type="checkbox"/> O- <input type="checkbox"/>		
10	NAME AND ADDRESS OF FATHER (Including Phone Number)			
	OCCUPATION			
11	NAME AND ADDRESS OF MOTHER (Including Phone Number)			
	OCCUPATION			
12	NAME OF GUARDIAN WITH RELATION(Including Phone Number)			
13	CATEGORY	GEN <input type="checkbox"/> EZ <input type="checkbox"/> MU <input type="checkbox"/> BH <input type="checkbox"/> ST <input type="checkbox"/> BX <input type="checkbox"/> KU <input type="checkbox"/> SC <input type="checkbox"/> AI <input type="checkbox"/> BHOE <input type="checkbox"/> LC <input type="checkbox"/> OE <input type="checkbox"/> OBC <input type="checkbox"/>		
14	RELIGION	HINDU <input type="checkbox"/> CHRISTIAN <input type="checkbox"/> ISLAM <input type="checkbox"/> NO RELIGION <input type="checkbox"/> OTHERS <input type="checkbox"/>		
15	CASTE			
16	PHYSICALLY HANDICAPPED (YES/ NO)			
17	ADDRESS FOR COMMUNICATION			
18	PINCODE	19	DISTRICT	
20	STATE	21	COUNTRY	
22	MOBILE NO	23	E-MAIL	
24	AUTHORITY CONDUCTED ENTRANCE EXAM			
25	NAME OF ENTRANCE EXAM			
26	REG. NO. & YEAR OF ENTRANCE EXAM			
27	RANK OBTAINED (KEAM 2019)			
28	ADMISSION QUOTA	OPEN <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> NRI <input type="checkbox"/> NA <input type="checkbox"/>		
29	NAME OF QUALIFYING EXAM (+2/ CBSE/ ICSE/ OTHERS)			
	REGISTER NUMBER			
	YEAR OF PASSING			
	PERCENTAGE OF TOTAL MARK			
	GRADE/DIVISION			
	UNIVERSITY/ BOARD			
30	MIGRATION CERTIFICATE NUMBER (IF ANY)			
31	EQUIVALENCE CERTIFICATE NUMBER (IF ANY)			
32	ID PROOF SUBMITTED	AADHAR <input type="checkbox"/> VOTERS ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> OTHERS (SPECIFY)		
33	ID PROOF NUMBER			
34	SIGNATURE WITH DATE			

ANNEXURE I UNDERTAKING BY THE STUDENT

I..... (Full name of student with admission/registration/enrolment number)D/o Mr. /Mrs. /.....

1. Having been admitted to **GOVT.MEDICAL COLLEGE, MANJERI**(Name of the institution) have read KUHS & a copy of the AICTE & regulations on curbing the menace of ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.
2. I have in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulation and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting raging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the regulations.
5. I hereby affirm that, if found guilty of ragging. I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this 20__

Signature of the Deponent
Name

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at **GOVT.MEDIAL COLLEGE, MANJERI** on this the day20_ _

Signature of Deponent

Solemnly affirmed and signed in my presence on this the day 20_ _
_after reading the contents of this affidavit.

OATH COMMISSIONER.

GOVT. MEDICAL COLLEGE, MANJERI

ANNEXURE II

UNDERTAKING BY PARENT/GAURDIAN

I..... Mr./Mrs./
 Ms (full name of parent/guardian/ father of
 (Full name of student with admission/registration/enrolment number)

1. Having been admitted to **GOVT.MEDICAL COLLEGE, MANJERI** I have received a copy of the AICTE regulations on Curbing the menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she found guilty or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet propagate through any act of commission or commission that may be constituted as ragging under clause 3 of Regulations.
5. I hereby affirm that, if found guilty of ragging, my word is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that my word has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission my word is liable to be cancelled.

Declared this day..... 20_ _

Signature of the Deponent:

Name:

Address:

Telephone/Mobile NO:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at **GOVT.MEDIAL COLLEGE, MANJERI** on this day.....
20__.

Signature of Deponent

Solemnly affirmed and signed in my presence on this.....day
20__ after reading the contents of this affidavit.

OATH COMMISSIONER.

ANNEXURE – XXII

Undertaking from the Students as per the Provisions of anti-raging verdict by the Hon'ble Supreme Court of India (See Clause 14.4).

I Mr/Ms..... Roll No.....

Program (Medical) student of Govt. Medical College, Manjeri do hereby undertake on this daymonth year 20_ _ the following with respect to above subject and office order No.B1/4500/2016/GMCM dated 31/10/2016.

1. That I have read and understood the directives of the Honorable Supreme Court of India on anti-raging and the measures proposed to be taken in the above references.
2. That I understand the meaning of ragging and know that the ragging in any form is a punishable offence and the same is banned by the Court of Law.
3. That I have not been found or charged for my involvement in any kind of ragging in the past. However, I undertake to face disciplinary action/legal proceedings including expulsion from the Institute if the above statement is found to be untrue or the facts are concealed, at any state in future.
4. That I shall not resort to raging in any form at any place and shall abide by the rules/laws prescribed by the Courts, Govt. of India and Institute authorities for the purpose from time to time.

.....
(Signature of Student)

I hereby fully endorse the undertaking made by my child/ward.

.....
(Signature of Mother/Father/Guardian)

Witness:

(Signature of Mother/Father/Guardian)

Manjeri

Date:.....