

# **CHECK LIST FOR MD/MS ADMISSION-2021**

## **Course Name -**

Admission Quota AIQ/SQ	Rank	NEET SCORE	NEET ROLL NO	SELECTED CATEGORY (OPEN/SC/ST/OEC/PH)
	AIQ			
	SQ			

## (Documents shall be arranged in the following order)

SL.No	Document	
a)	Allotment Memo	
b)	Admit Card	
c)	Rank letter & Mark Data Sheet (NEET,CEE)	
d)	Document to Prove Date of Birth	
e)	Original receipt of fee/ Print out of online fee receipt	
f)	10 <sup>th</sup> Pass certificate	
g)	10 mark list (CBSE, ICSE -if any))	
h)	12 <sup>th</sup> pass certificate	
i)	12th mark list (CBSE, ICSE -if any)	
j)	MBBS Degree Certificate	
k)	MBBS Degree Mark Sheet (4)	
l)	CRRI Certificate	
m)	Medical Council Registration Certificate	
n)	Caste Certificate/ Non Creamy Layer Certificate in case of	
	Reservation Category	
0)	Disability Certificate from the authorized Medical Board for	
	disabled claim	
p)	Hand Written and Self Attested Undertaking by the candidate in	
	the format prescribed by MCC	
q)	TCMC Certificate (All admitted Students)	
r)	Transfer Certificate	
s)	Eligibility certificate (All other universities except KUHS)	
t)	Migration Certificate (All other universities except KUHS)	
u)	Relieving order (in the case of Service Candidates)	
v)	Course & Conduct Certificate	
w)	Execution of Bond (2 Nos in Kerala Stamp Paper Rs 200/- each	
	(Rs 50 x 8 Nos)). Bond should be submitted within seven days from	
	the date of physically reporting. The bond should be	
_	printed only from the LRC attached to this institution.	
x)	Copy of a valid ID Proof (as per notice of MCC)	

<sup>\*</sup>I am **willing/ not willing** to participate in  $1^{st}/2^{nd}$  round couselling of AIQ (score out whichever is not applicable)

Signature of Candidate with Date: Name

#### NB:

- 1. Two passport size photographs (One should be pasted in biodata)
- 2. Two set Photocopies of all documents
- 3. Scanned copies of all original certificates emailed to mdmsgmcm2021@gmail.com

## **Declaration I**

I hereby declare that I will submit the following documents within the prescribed time as per norms of DGHS/NBE/DME/CEE/MCC. Failing which I am fully responsible for the termination of my provisional admission.

I am fully aware that any violation found in the procedure of submission of bond as specified in the prospectus of 2021 or by any Government 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 ever proceed to any legal procedure against my declaration.

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of student with date:

Name:

Address:

## <u>Declaration II\*</u> (For Kerala SC/ST/OEC/Fishermen students)

Ι	hereby declare that, I belongs to
SC/ST/OEC/Fisherm	en candidates (Keralites) and I will apply for fee concession through online
within one week afte	r 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 availed through E-Grants

## BIODATA OF THE STUDENT ADMITTED TO ......COURSE - 2021

Sl.	Name of Candidate with initials		
NO	(as entered in 10 <sup>th</sup> pass		
	Certificate) & Photo		
	-		
			Photo
1	Sex	M/F	
2	Age & Date of Birth		
3	Religion, community and caste		
4	Whether belongs to SC/ST/OEC/ Fishermen		
5	Mother tongue		
6	Name of entrance exam appeared	NEET	
7	Rank number and Roll number (NEET)		
8	Allotted Category	SM/SC/ST/OBC/OEC/PH/Other	specify
9	Mobile Number of Candidate		
10	Qualification		
11	Institution & University Last		
	studied		
12	School leaving certificate. ie., SSLC,		
	Register No, Year & Month of Passing		
13	School were educated (SSLC/10th)		
14	Name & Occupation of Father/ Guardian with address & phone		
	number		
15	E- mail. id		
16	State of candidate		
17	Permanent Address with pin code		
18	Address of Communication with Pin Code		
19	Address of Local Guardian with Phone Number Land/ Mobile		

# **Declaration**

	e Details mentioned above i.e., serial No.1 -18 are true to the best of my knowledge d belief.
to rul to l the	the undersigned, udent of the Government Medical College, Manjeri hereby agree with the Chief Secretary the Government of Kerala, his successor and assignees to confirm from this date to the es and regulations including those relating to the hostel if I am admitted to laid down or be laid down here in after by the Chief Secretary to the Govt: of Kerala or the Principal, for time being of Government Medical College, Manjeri for the due maintenance of discipline the said Medical College.
an da	urther agree with the said Chief Secretary to the Government of Kerala his successors ad assignees to make good when called upon to do so to the Government of Kerala any image the furniture, apparatus or other things which may be caused by any carelessness, egligence or wantonness on my part.
	urther agree that in case it is found that I had secured admission by adopting or resorting fraudulent means, my admission will be cancelled and my name will be removed from the lls.
	witness where of I have hereunto set my hands on this dayat t Medical College, Manjeri.
	Signature with name and date of the student
_	ature with name and date of Parent / Guardian Name and Address

## **ANNEXURE-XIV**

## UNDERTAKING FROM THE STUDENTS AS PER THE PROVISIONS OF ANTI-RAGGING VERDICT BY THE HON'BLE SUPREME COURT OF INDIA

I, Mr /Ms	Roll No	Program:
undertake on this day Month		
above subject	treatthe for	lowing with respect to
1. That I have read and understood the dianti-ragging and the measures proposed	•	
2. That I understand the meaning of Ragg punishable offence and the same is banno		ı any form is a
3. That I have not been found or charged However, I undertake to face disciplinary Institute if the above statement is found to future.	action legal proceedings Includi	ing expulsion from the
4. That I shall not resort to ragging in any prescribed by the Courts, Govt. of India a time.		•
	Signa <sup>t</sup>	ture of student with date
I hereby fully endorse the undertaking m	ade by my child / ward.	
		/ Father and or Guardian
Witness:(Signatur	e, with Date)	
Name:		
Address:		

# MEDICAL PG ADMISSION-2021-NMC PERFORMA

Course				
Name of Student (CAPITAL LETTER ONLY)				
Date of birth				
Religion				
Student Category (Gen, SC/ST. OBC, PH, other specify)				
Physically Handicapped	Yes		No.	
Allotted category (Gen, OBC, OEC, SEBC, SC/ST, Service, Other specify)		I		
Exam Name and Roll No	NEET PG 202	1		
Exam Rank AIR/State Rank (State)				
Total Marks (NEET)				
Mark obtained				
Percentage/percentile of mark				
Qualification	Register No.	Maximum Marks	Marks obtained	Percentage
MBBS				
Diploma				
Are you eligible for course deduction	Yes/No	If Yes, Spe subject -	cify name of I	Diploma
PG teacher under whom the candidate admitted Stipend Paid		L		
Stipend Amount				
Stipend paid by Govt. institution				
Student Council registration No.				
Registered council name				
Date of Admission				
Contact mobile No.				
Email id				
Aaddhar No.				
Signature				