

CHECK LIST FOR MD/MS ADMISSION-2020

Course Name -

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

(Documents shall be arranged in the following order)

| SI 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 th pass certificate | | |
| g) | 10 th mark list (CBSE, ICSE -if any) | | |
| h) | 12 th pass certificate | | |
| i) | 12 th mark list (CBSE, ICSE -if any) | | |
| j) | MBBS Degree Certificate | | |
| k) | MBBS Degree Mark Sheet (4) | | |
| l) | CRRRI Certificate | | |
| m) | Medical Council Registration Certificate | | |
| n) | Caste Certificate / Non Creamy Layer Certificate in case of Reservation Category | | |
| o) | 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 with in 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) | | |

* I am **willing / not willing** to participate in 2nd round counselling 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 **mdmsgmct2020@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 2020 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 :

Declaration II*

(For Kerala SC/ST/OEC/Fishermen students)

I _____ hereby declare that, I belongs to SC/ST/OEC/Fishermen 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 eligibile) is availed through E-Grants Scholarship. Hence SC/ST/OEC/Fishermen students (Kerala) should apply for E-grantz Scholarship through Akshya centre with in one weeks after starting the class and submitt the hard copy of application along with the relevent documents in Academic Section(B6 seat) in time otherwise college fee will be lieved as usual.

BIODATA OF THE STUDENT ADMITTED TO-COURSE-2020

| | | |
|----------|---|---|
| S1 No | Name of Candidate with initials (as entered in 10 th pass certificate) & 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 educuated (SSLC/10th) | |
| 14 | Name & Occupation of Father/ Guardian with address & phone number | |
| 15 | E-mail id | |
| 16 | State of candidate | |
| 16 | Permanent Address with pin code | |
| 17 | Address of Communication with Pin Code | |
| 18 | Address of Local Guardian with Phone Number Land/ Mobile | |

Signature with name and date of the student

Declaration

1. The Details mentioned above i.e., serial No.1 – 18 are true to the best of my knowledge and belief.
2. I, the undersigned, student of the Government Medical College, Thiruvananthapuram hereby agree with the Chief Secretary to the Government 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 to laid down or to be laid down here in after by the Chief Secretary to the Govt: of Kerala or the Principal, for the time being of Government Medical College, Thiruvananthapuram for the due maintenance of discipline at the said Medical College.
3. I further agree with the said Chief Secretary to the Government of Kerala his successors and assignees to make good when called upon to do so to the Government 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 that 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..... at Govt.Medical College,Thiruvananthapuram.

Signature with name and date of the student

Signature with name and date of Parent / Guardian
With Name and Adress

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 :
 student of Government Medical College,
 Thiruvananthapuram do hereby undertake on this day.....Month.....
 Year....., the following with respect to above subject

1. That I have read and understood the directives of the Hon'ble Supreme Court of India on anti – ragging 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 stage in future.
4. That I shall not resort to ragging 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 with date

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

.....
 Signature of Mother / Father and or Guardian

Witness :.....(Signature, with Date)

Name:

Address:

MEDICAL PG ADMISSION – 2020 – MCI 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) | | | | |
| Exam Name and Roll No | NEET PG 2020 | | | |
| Exam Rank AIR/State Rank (State) | | | | |
| Total Marks (NEET) | | | | |
| Mark obtained | | | | |
| Percentage/percentile of mark | | | | |
| Qualification MBBS Diploma | Register No. | Maximum Marks | Marks obtained | Percentage |
| | | | | |
| | | | | |
| Are you eligible for course deduction | Yes / No | If Yes, Specify name of Diploma subject - | | |
| PG teacher under whom the candidate admitted | | | | |
| Stipend Paid | | | | |
| Stipend Amount | | | | |
| Stipend paid by Govt. institution | | | | |
| Student Council registration No. | | | | |
| Registered council name | | | | |
| Date of Admission | | | | |
| Contact mobile No. | | | | |
| Email id | | | | |
| Aadhar No. | | | | |
| Signature | | | | |