

**GOVERNMENT MEDICAL COLLEGE, THIRUVANANTHAPURAM**  
**ADMISSION TO MEDICAL POST GRADUATE DEGREE(MD/MS) COURSES-2025**  
**VERIFICATION OF CREDENTIALS**

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1	NAME					
	COURSE ALLOTTED					
2	ANTIRAGGING UNDERTAKING REFERENCE No:					
3	<b>ENTRANCE EXAMINATION DETAILS</b>					
	NAME OF EXAMINATION					
	AUTHORITY CONDUCTED THE EXAMINATION					
	ROLL NO.		SCORE OBTAINED			
	ADMISSION QUOTA		MAXIMUM SCORE			
	TOTAL SCORE AGGRIGATE (MBBS)					
	TOTAL SCORE OBTAINED (MBBS)		AIQ RANK		STATE RANK	
4	<b>PERSONAL DETAILS</b>					
	SEX		DATE OF BIRTH		PLACE OF BIRTH	
	MARITAL STATUS		BLOOD GROUP		NATIVITY	
	NAME OF PARENT/GUARDIAN( <i>Specify relationship</i> )					
	PHONE NO.(Residence)			MOBILE NO.		
	EMAIL ID			Aadhar No.		
	RELIGION			CASTE( <i>Specify details</i> )		
	PERMANENT ADDRESS WITH DISTRICT, STATE & PINCODE			COMMUNICATION ADDRESS WITH DISTRICT, STATE & PINCODE		
5	<b>DETAILS OF QUALIFYING EXAMINATIONS</b>					
	<b>1.MBBS</b>					
	REGNO.	YEAR	Max. Mark	% OF MARK OBTAINED(In cluding total mark)	INSTITUTION	UNIVERSITY/BOARD
	<b>2.PGDiploma(for those have completed PG diploma)</b>					

	REGNO.	YEAR	Max.Mark	%OF MARK OBTAINED (Including total mark)	INSTITUTION	UNIVERSITY/BOARD
6	DETAILS OF INTERNSHIP					
	DURATION		FROM	TO	NAME & ADDRESS OF INSTITUTION	
7	Council Name and Registration No:					
8	DETAILS OF DOCUMENTS PRODUCED IN ORIGINAL					
	DOCUMENTS REQUIRED			REGISTER NO	ISSUED BY	REMARKS
A	ALLOTMENT MEMO				NBE/CEE	Yes/No
B	ADMIT CARD & SCORE CARD				NBE/CEE	Yes/No
C	FEE RECEIPT				SBI/OTHERBANK	Yes/No
D	QUALIFYING DIPLOMA CERTIFICATE AND MARK SHEETS (DA,DLO,DO etc)				(SpecifyNameofuniversity)	Yes/No
E	INTERNSHIP COMPLETION CERTIFICATE				(SpecifyNameofcollege)	Yes/No
F	MBBS DEGRE ECERTIFICATE AND MARK SHEETS				(SpecifyNameofuniversity)	Yes/No
G	DOCUMENT TO PROVE DOB SSLC/SSC/BIRTH CERTIFICATE				(SpecifyNameofBoard)	Yes/No
H	PERMANENT REGISTRATION CERTIFICATE				(SpecifyNameofCouncil)	Yes/No
I	TRANSFER CERTIFICATE				(SpecifyNameofcollege)	Yes/No
J	ELIGIBILITY CERTIFICATE(only for candidates graduated from universities outside Kerala)				Kerala University of Health Sciences	Yes/No
K	MIGRATION CERTIFICATE(only for candidates graduated from universities other than KUHS)				(SpecifyNameofuniversity)	Yes/No
L	DOCUMENT TO PROVE RESERVATION(if any)					Yes/No
M	RELEIVING ORDER & RTC,DECLARATION HAS NOTBEEN UNDERGONE PG COURSE UNDER SQ, SERVICE DETAILS FROM AG, DETAILS OF SERVICE FROM HoD (for service Quota candidates)					Yes/No
N	PROOF OF IDENTITY					Yes/No
O	BOND					Yes/No

**DECLARATION**

*I.....do here by declare that the Information furnished above are true to best of my knowledge and belief, nothing has been concealed /distorted and also agree to abide by the rules and regulations of the Government Medical College, Thiruvannathapuram.*

**Place:**

**Signature with date**

**Date:**

**Name:**

**FOR OFFICE USE ONLY**

FOR OFFICE USE ONLY				
DETAILS OF FEE TO BE REMITTED	DEGREE (MD/MS) AMOUNT Rs.	Payment Details	RECEIPT NO & DATE	REMARKS
TUITION FEE	57,890			
MISC. FEE	11,580			
CAUTION DEPOSIT	11,580			
UNIVERSITY FEE	3,890			
LIBRARY FEE	extra			
Admission Fee	100			
TOTAL	85,040/-			
Verified	Counterchecked		Admitted	

Academic development Fee Rs.5000/- extra normal Tuition Fees. This Fee is non refundable including SC/ST/OEC Students.

## **Kerala University of Health Sciences**

### **UNDERTAKING**

(To be submitted by a student at the time of admission)

I .....[Name of Student], admitted  
in ..... [College Name] for the Course  
..... [Course Name] do hereby undertake that I shall not:-

- (a) Give or take or abet the giving or taking of dowry; or
- (b) Demand, directly or indirectly from the parents or guardian of the bride or bridegroom, as the case may be, any dowry.

*Note: "dowry" shall have the same meaning as in the Dowry Prohibition Act, 1961.*

I aver in the full understanding that any breach of the rules or law relating to taking or abetting the taking of dowry shall render me liable for appropriate action including cancellation of admission to the university/denial of degree/withdrawal of degree, as the case may be.

Place: .....

Date: .....

Signature of the Student:.....

Name in Block letters: .....

Aadhar Card No: .....

Full Residential Address:.....

.....

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