TRIVANDRUM MEDICAL COLLEGE
STUDENT FORM 2026 BATCH
COLLEGE UNION 2026-27

Personal Details:

1. Full Name: .....

2. Age: .....

3. Sex: ☐ Male ☐ Female ☐ Other

4. Phone Number: .....

5. Email ID (if available): .....

6. Permanent Address:

.....

.....

7. Current Place of Residence (if different): .....

Academic Information:

8. NEET Roll Number: .....

9. NEET Score / Rank: .....

10. Plus Two Board & Marks (Optional): .....

11. Hobbies / Interests: .....

12. Do you have any political or social interests or affiliations? (optional)

☐ Yes ☐ No

If yes, briefly describe:

13. Why did you choose Trivandrum Medical College?

Signature: .....

Date: .....