

CHECK LIST FOR MEDICAL P.G.(MD/MS)ADMISSION-2024

Name of Allotted Course:-

Admission Quota AIQ/SQ	Rank		NEETROLL NO	NEET SCORE	NEET PERCENTILE	Candidate Category	ALLOTTED CATEGORY (GN/SC/ST/OEC /OBC/PH/ Others specify)
	NEET All India	CEE/ State					

Office use only

(Documents shall be arranged in the following order)

Sl No.	Document	Verification Clerk	Verifying Officer
1	Allotment Memo(MCC/CEE)-3copy		
2	Admit Card(NEETPG2023)		
3	Rank letter (NEET,CEE)		
4	Mark Data Sheet(NEET/CEE)		
5	NEET Result Sheet		
6	Original Fee receipt (from SBI Medical College CDC Branch ,Thiruvananthapuram- For Strict Mandatory)		
7	Document to Prove Date of Birth(if matriculation certificate does not bear the same)		
9	10 th pass certificate		
10	10 th mark list (CBSE,ICSE -if any))		
11	12 th pass certificate		
12	12 th mark list (CBSE,ICSE -if any)		
13	MBBS Degree Certificate		
14	MBBS Degree Mark lists		
15	CRRRI Certificate		
16	TCMC Registration (All students submitted at the admission time)		
17	Migration Certificate(All other universities except KUHS)		
18	Eligibility Certificate (All other universities except KUHS)		
19	Transfer Certificate from institution last studied or Certificate from the institution that they do not provide transfer certificate		
20	Course & Conduct Certificate		
21	Caste Certificate/Non-Creamy Layer Certificate in case of Reservation Category		
22	Nativity Certificate		
23	Migration Certificate(if applicable)		
24	Equivalence Certificate(if required)		
25	Physical Fitness Certificate from a doctor not below the rank of an Assistant Surgeon		
26	Declaration duly signed by student and Guardian		
27	For SC/ST/OBC/OEC and EWS candidates –certificates applicable to them.		
28	For candidates claiming PWD status, Certificates from the appropriate authority as per NMC norms		
29	Bond(Matter will be printed from LRC,Central Liabrary, GMCT)**		
30	Declaration for <i>Dowry Prohibition Act, 1961.</i>		

***I am willing /not willing to participate in 1st/2ndround coucelling of AIQ (score out which ever is not applicable and Subject to CEE instructions from time to time)**

** Candidates have to execute two bonds of Rs.200/- each . One bond to the effect that they shall serve the Government of Kerala for a minimum period of One year after completion of the course and the other for paying Liquidated damages if they discontinue the course. Students are directed to get the bond paper printed from L R C of this college at the time of admission for strict compliance.

**Signature of Candidate with Date:
Name**

Signature of Clerk

Signature of Verifying Officer

NB:-1.Two Stamp size photographs (One should be pasted in biodata)

2. Two set Photo copies of all documents

3. Students are directed to file online affidavit at <http://antiragging.in> and have to submit the details at the time of admission (AISHE CODE C48124). The email received by the candidates after successful submission at the antiragging site has to be forwarded to

medicalpggmctvm@gmail.com

4. Scanned _____ copies of _____ all original certificates emailed to medicalpggmctvm@gmail.com (**uploaded less than 150 kb Compulsory**)

1. Upload Admission memo
2. Upload Allotment Memo
3. Upload Council Registration Certificate
4. Upload Council Registration UG Certificate
5. Upload Eligibility Certificate
6. Upload EWS Certificate
7. Upload Medical fitness certificate
8. Upload Migration Certificate
9. Upload NEET-KEAM Score Sheet (if any applicable)
10. Upload Non-Creamy Layer Certificate
11. Upload NRI documents
12. Upload SSLC Certificate
13. Upload Transfer Certificate
14. Upload UG Degree Provisional Certificate
15. Upload UG Eligibility Certificate
16. Upload UG Equivalent Certificate
17. Upload UG Marklist

18. Upload UG Migration Certificate

19. Upload Plus Two Certificate

***Attention:-** SC/ST, OEC candidates (Keralites) should apply for fee concession through online (E grantz) within one week after starting the class. Otherwise they will be liable to pay full fees with fine.

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 **Kerala Medical P.G. prospectus of 2024** 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 :

SPECIALATTENTION

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 submit the hard copy of application along with the relevent documents in Academic Section(B6 seat) in time other wise college fee will be lieved as usual.

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 here unto 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 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 :
student of Government Medical College, Thiruvananthapuram
 Do here by 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:

PROFORMA FOR ONLINE REGISTRATION FOR NMC&KUHS-2024

1	COURSE					
2	NAME OF STUDENT (CAPITAL LETTER)					
3	SEX (TICK)	M / F				
4	DATE OF BIRTH (DD/MM/YY)					
5	CANDIDATE CATEGORY	GEN	EZ	MU	BH	LC
		BX	KU	SC	ST	OBC
		AI	OEC			
6	RELIGION (TICK)	HINDU	X'AN	ISLAM	NO RELIGION	OTHERS
7	CASTE					
8	ALLOTTED CATEGORY (GN/OBC/SC/ST/OEC/PH/Other Specify)					
9	PHYSICALLY HANDICAPPED	YES / NO				
10	EXAM NAME & ROLL NO	NEET PG MEDICAL 2023				
11	EXAM RANK					
12	TOTAL MARKS (NEET)					
13	MARKS OBTAINED					
14	PERCENTAGE / PERCENTILE OF MARK					
15	QUALIFICATION	Register No	Maximum Marks	Marks Obtained	Percentage	
16	MEDICAL COUNCIL REGISTRATION NO. WITH DATE					
17	REGISTERED COUNCIL NAME					
18	KERALA STATE MEDICAL COUNCIL REGISTRATION NO. WITH DATE					
19	DATE OF ADMISSION					
21	CONTACT NO.					
22	E-MAIL ID					

DETAILS OF QUALIFYING EXAMINATIONS

1. MBBS

REG NO.	YEAR	% OF MARK OBTAINED	INSTITUTION	UNIVERSITY / BOARD


2. PG Diploma (for those who have completed PG diploma)

REG NO.	YEAR	% OF MARK OBTAINED	INSTITUTION	UNIVERSITY / BOARD
DETAILS OF INTERNSHIP				
DURATION	FROM	TO	NAME & ADDRESS OF INSTITUTION	

I also declare that the particulars furnished above are true to the best of my knowledge and belief.

Name of the Student
Sig.of the Student (with date and place)

BIODATA OF THE STUDENT ADMITTED TO.....-COURSE-2024

Sl 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/Others 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	
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



**KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR – 680 596**

Website : kuhs.ac.in

UNDERTAKING

I [**Name of Student**], 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 guardians 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 my admission to the university/ not being granted degree/withdrawal of degree.

Place : Signature :

.....

Date : Name in Block Letters :

.....

Name of programme :

Institution :

Register No: / Temporary ID No :

Aadhar Card No:

Full Residential Address :

.....

.....