

GOVERNMENT MEDICAL COLLEGE, KOTTAYAM

BIODATA VERIFICATION OF CREDENTIALS										Photo	
MI	BBS		Date of adm	nission							
1	Name										
2	Present Address with Pincode			Permanent Address with Pincode							
	Di ana Na										
	Phone No.		The state of the s								
3	Name, Occupation & Address of parent/ Guardian with phone No.										
4	Personal Details										
	Date of Birth		Sex	Sex Blood Group		Phone No. N		Nativi	ty R	eligion & Caste	
	Email ID										
5	Entrance examination details										
	Name of		Authority C			Conducted		Rank	Roll No		
	Examination										
			larks			41::0			Cotosses		
_	Maximum		Obtained	Percenta	ge	Admission Quota		ta	Category		
6 Qualifying Examination details											
a			Reg. No.						•		
	10 th level		Board								
			Month &								
4			Year								
,	Name of Institution		D. M.								
b	12 th level		Reg. No.								
\dashv			Board Month &								
		Year									
+	Name of Institution		7001								
PCB Marks				English				Total Marks			
Max. Obtained		Obtained	%	Max.		Obtained	%	Max.	Obtained	%	