



GOVERNMENT MEDICAL COLLEGE, KOTTAYAM
ADMISSION TO POST GRADUATE DEGREE/ DIPLOMA /SUPER SPECIALITY COURSES - 2023
VERIFICATION OF CREDENTIALS

1	NAME					
	COURSE ALLOTTED					
2	ENTRANCE EXAMINATION DETAILS					
	NAME OF EXAMINATION					
	AUTHORITY CONDUCTED THE EXAMINATION					
	ROLL NO.		SCORE OBTAINED			
	ADMISSION QUOTA		MAXIMUM SCORE			
	PERCENTILE OF MARKS		AIQ RANK			
3	PERSONAL DETAILS					
	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		
4	DETAILS OF QUALIFYING EXAMINATIONS					
	1.MBBS					
	REG NO.	YEAR	TOTAL MARK	INSTITUTION	UNIVERSITY / BOARD	
	2.MD / MS (<i>for PGSS admission</i>)					
	REG NO.	YEAR	TOTAL MARK	INSTITUTION	UNIVERSITY / BOARD	
5	DETAILS OF INTERNSHIP					
	DURATION		FROM	TO	NAME & ADDRESS OF INSTITUTION	

6 DETAILS OF DOCUMENTS PRODUCED IN ORIGINAL				
	DOCUMENTS REQUIRED	REGISTER NO	ISSUED BY	REMARKS
A	ALLOTMENT MEMO	NA	NBE / CEE	Yes / No
B	ADMIT CARD & SCORE CARD	NA	NBE / CEE	Yes / No
C	FEE RECEIPT	NA	SBT	Yes / No
D	QUALIFYING DEGREE CERTIFICATE AND MARKSHEETS (MD/MS/DNB)		(Specify Name of university)	Yes / No
E	INTERNSHIP COMPLETION CERTIFICATE	NA	(Specify Name of college)	Yes / No
F	MBBS DEGREE CERTIFICATE AND MARKSHEETS		(Specify Name of university)	Yes / No
G	DOCUMENT TO PROVE DOB SSLC /SSC/ BIRTH CERTIFICATE		(Specify Name of Board)	Yes / No
H	PERMANENT REGISTRATION CERTIFICATE		(Specify Name of Council)	Yes / No
I	TRANSFER CERTIFICATE	NA	(Specify Name of college)	Yes / No
J	ELIGIBILITY CERTIFICATE (only for candidates graduated from universities outside Kerala)	NA	Kerala University of Health Sciences	Yes / No
K	MIGRATION CERTIFICATE (only for candidates graduated from universities other than KUHS)	NA	(Specify Name of university)	Yes / No
L	DOCUMENT TO PROVE RESERVATION (if any)	NA		Yes / No
M	RELEIVING ORDER & CTC (for service quota candidates)	NA		Yes / No
N	PROOF OF IDENTITY			Yes / No
O	BOND	NA	NA	Yes / No

DECLARATION

I do hereby 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, Kottayam.

Place:

Signature with date

Date:

Name:

FOR OFFICE USE ONLY				
DETAILS OF FEE TO BE REMITTED	DEGREE/DIPLOMA AMOUNT Rs.	SUPER SPECIALTY AMOUNT Rs.	RECEIPT NO & DATE	REMARKS
TUITION FEE		133130		
MISC. FEE		12740		
CAUTION DEPOSIT		12740		
UNIVERSITY FEE		3680		
LIBRARY FEE		5800		
ID CARD		100		
TOTAL		168190		
<i>Verified</i>	<i>Counter checked</i>			
Clerk	Junior Superintendent		Principal	