

GOVERNMENT MEDICAL COLLEGE, KOTTAYAM

BIODATA VERIFICATION OF CREDENTIALS							Photo			
MBBS Date of adr				nission						
1	Name	,								
2						Permanent Addre	ess wit	h Pincode		
	DI. N									
	Phone No.									
3	Name, Occupation & Address of parent/ Guardian with phone No.									
4						Personal Details				
	Date o	of Birth	Sex	Blood Group		Phone No.		Nativity R		eligion & Caste
	Email ID									
5										
	Name of			Authority Conducted			Rank	Roll No		
	Examination									
	Marks								7-4	
_	Maxi	mum	Obtained	Percenta	ge	Admissio	on Quo	ota		Category
6				Qua	alify	ing Examination of	details			
a	10 th level		Reg. No.						•	
			Board							
			Month &							
4			Year							
,	Name of Institution		D. M.							
b	12 th level		Reg. No.							
\dashv	-		Board Month &							
	Month & Year									
+	Name of Institution									
PCB Marks			English				Total Marks			
	Max. Obtained		%	Max.		Obtained	%	Max.	Obtained	%

DETAILS OF DOCUMENTS PRODUCED IN ORIGINAL							
	DOCUMENTS REQUIRED	REGISTER NO.	ISSUED BY			REMARKS	
A	Allotment Memo	NA				Yes	No
В	Admit Card	NA				Yes	No
C	Score Card	NA				Yes	No
D	Data Sheet	NA				Yes	No
Е	10th pass Certificate		SSC	ICSC	CBSC	Yes	No
F	12th pass certificate		SSC	ICSC	CBSC	Yes	No
G	12 th mark list		SSC	ICSC	CBSC	Yes	No
Н	TC		SSC	ICSC	CBSC	Yes	No
I	Conduct		SSC	ICSC	CBSC	Yes	No
J	Migration		SSC	ICSC	CBSC	Yes	No
K	Document to prove reservation (if any)	NA				Yes	No
L	Physical fitness Certificate	NA				Yes	No
M	Vaccination Certificate	NA				Yes	No
N	Declaration	NA				Yes	No
0	Bond	Yes				Yes	No
P	Other documents if any						

Signature of Candidate

Signature of Parent

FOR OFFICE USE ONLY

1			
Details of fee	Amount	Receipt No. & date	Remark
Tution Fee	(conserved		
Caution Deposit			
Van fee			
Misc. Fee	30.))		
Univ. Affiliation Fee		. 1	
ID Card			
Total			

Verified	Counter Checked	Admitted
Clerk	junior Supdt.	PRNICIPAL

Undertaking from the students as per the provisions of anti-ragging verdict by the Hon'ble Supreme Court of India [See Clause 14.4]

I, Mr./ Ms				
Student of				
ereby undertake on this day month year the				
Following with respect to above subject and office order No				
. 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				
. 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				
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				
. 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				
hereby Fully endorse the undertaking made by my child/ ward				
Signature of mother/ Father and or guardian				
Vitness				

DECLARATION

1. I..... the undersigned, as a student of the Medical College, Kottayam hereby agree with the chief Secretary to Government of Kerala, his successors and assignees to conform from this date to the rules and regulations including these relating to the Hostel, if I am admitted to, laid down or to be laid down hereinafter by the Chief Secretary to Government or the Principal for the time being of the Medical College for the due maintenance of discipline at the said Medical Collge. I further agree with the said Chief Secretary to Government his successors and assignees to make good when called upon to do so to the Government of Kerala any damage to furniture, apparatus or other things which may be caused by any carelessness, negligence or wantonness on my part. 3. 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. witness where of I have hereunto set my hands this the (date)at Medical Collge, Kottayam Signature of the Student Signed by the above named......(Name of Student) in the presence of

(Name, Address & Occupation of parent/Guardian)

Signature of parent with Date

ഗവ. മെഡിക്കൽ കോളേജ് കോട്ടയം

സതൃപ്രസ്താവന

കോട്ടയം മെഡിക്കൽ കോളേജിലെ...... കോഴ്സിന്

ഞാൻ എന്റെ പഠനകാലത്ത് ഈ സ്ഥാപനത്തിൽ റാഗിംഗിനെ ഒരു വിധത്തിലും അനുകൂലിക്കുകയോ,

നടത്തുകയോ ചെയ്യുന്നതല്ലെന്നും, റാഗിംഗിനെതിരെ പ്രവർത്തിക്കുന്നതാണെന്നും റാഗിംഗ്

പ്രതിജ്ഞ ചെയ്യുന്നു. കൂടാതെ റാഗിംഗുമായി ബന്ധപ്പെടുകയാണെങ്കിൽ അധികാരികൾ സ്വീകരി

ക്കുന്ന ഏതു നടപടിയ്ക്കും വിധേയനാകുന്നതിന് സമ്മതമാണെന്നും പ്രസ്താവിക്കുന്നു.

എന്ന്

വിദ്യാർത്ഥി മേൽപ്പറഞ്ഞിരിക്കുന്ന കാര്യങ്ങൾ വിദ്യാർത്ഥിയുടെ രക്ഷിതാവായ എനിക്ക് സമ്മതമാണെന്ന്

അറിയിക്കുന്നു



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 :