



GOVERNMENT MEDICAL COLLEGE, KOTTAYAM
ADMISSION TO POST GRADUATE DEGREE/ DIPLOMA /SUPER SPECIALITY COURSES - 2025
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					
	TOTAL MARKS SECURED		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 (Specify details)				
	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	RELIEVING 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		3885		
LIBRARY FEE		5800		
ID CARD		100		
TOTAL		168395		
<i>Verified</i>	<i>Counter checked</i>		<i>Admitted</i>	
Clerk	Junior Superintendent		Principal	