MES MEDICAL COLLEGE

PERINTHALMANNA

Palachode (P.O), Malaparamba, Kolathur (Via) Malappuram-District, Kerala-State, Pin-679 338 Phone: 91-4 933 – 298300 -303 Fax: 91-4 933 – 258304 Email: mesmcp@gmail.com Website: www.mesams.com

(Managed by the Muslim Educational Society Regd., Calicut)

App	olication No.	•]			•				
APPLICATION FOR ADMISSION TO POST GRADUATE DEGREE/DIPLOMA COURSE 2022-2023 UNDER							A	Affix Photo		
									of the	
									candidate	
									candidate	
1.	Name of the DC									
	Name of the PG cou									
2.	(as in 10 th Certificat	te)								
				Age	Г	DD	MM		YYYY	
3.	Age & Date of Birth	h in Christian Era								
4.	Blood Group									
5.	Nationality									
6	State the category to which the applicant belongs			An Indian citizen of Kerala origin						
	State the eategory to	o winen the applical	nt ociongs	A Non-Keralite Indian citizen						
7	Sex (put $\sqrt{\text{mark in the appropriate box}}$)			Ma	Male Fe		emale			
8.	a) Religion & Caste				<u>l</u>				1	
	b) Whether belongs	to SC/ST/OEC, If	Yes Specify							
c) PAN Card Number :			d) Adhar Card Number :							
	e) Annual Income of the family			Father	Father Mot			ther		
	f) Occupation of Pa	arents								
	d) Occupation of sp	ouse								
9.	Address for communication House Name/ Door No.									
	Area/Street/Road									
	Post Office									
	District, Pincode									
	Mobile :			Alter Mo	bile No:					
	Email address of student									
10 Permanent Address(if different from 9 above) House Name/ Door No.										
	Area/Street/Road			District,						
	Post Office			Mobile/T	el. No.					



MES MEDICAL COLLEGE

PERINTHALMANNA

Palachode (P.O), Malaparamba, Kolathur (Via)
Malappuram-District, Kerala-State, Pin-679 338
Phone: 91-4933 - 298300 -303 Fax: 91-4933 - 258304
Email: mesmcn@gmail.com Website: www.mesams.com

E m a i l: mesmcp@gmail.com Website: www.mesams.com (Managed by the Muslim Educational Society Regd., Calicut)

			пе ми	isiim Educationai Society N	ega., cancut)				
11.	Father's name with	·							
	If doctor, please me	ention							
12. Address: Door No./House Name									
Area/Street/Road, Post Office,									
	District, Pin code								
	Mobile/Tel. No. (w	ith STD Code)							
	Email address, of p	arent	Father:						
	Email accress, or p	arone	Mothe	r:					
13.	Mother's name wit	th initial							
14.	Spouse name (if do	ctor please							
	mention)								
15	Name of NRI (Spor	nsor)							
16	Occupation of NRI	I & Country							
17	Passport No. & Date of Expiry								
18	Visa No. & Date of	Expiry							
Address of the NRI in India									
20 Relationship of NRI with the									
21. NEET-PG and Kerala State Rank Details									
	NEET Roll No.			NEET Percentile					
NEE	T Score			Roll No. Kerala PG Medical 2022					
NEE	ET Rank			Kerala State Rank					
DECLARATION DECLARATION									
 I hereby solemnly and sincerely affirm that the statements and information furnished above and in the enclosure submitted by me are true. If any of the information furnished therein is later found to be false in material particulars or in any other manner, I am aware that I am liable to criminal prosecution, besides forfeiting the right of continuance of the applicant in the MES Medical College, Perinthalmanna. I undertake to submit all the required certificates in original at the time of counseling and during the admission process failing which my claim for selection shall be forfeited by the authority concerned. 									
Place: Signature of the Applicar					Signature of the Applicant:				
Date	:								
			FΩI	R OFFICE USE ONLY					



Name of the Applicant

1.

MES MEDICAL COLLEGE

PERINTHALMANNA

Palachode (P.O), Malaparamba, Kolathur (Via)
Malappuram-District, Kerala-State, Pin-679 338
Phone: 91-4 933 – 298300 -303 Fax: 91-4 933 – 258304
Email: mesmcp@gmail.com Website: www.mesams.com

(Managed by the Muslim Educational Society Regd., Calicut)

FORM FOR MARK SHEET

2.	2. Name of qualifying examination passed							
3.	3. Month & Year of Examination (Final MBBS Part-II)							
4.	4. Name of the University							
5.	5. Register No. for the University Examination (Final MBBS Part-II)							
6	6 CRRI Certificate No. & Date							
7	7 Name of Medical Council and Registration No. & Date							
8	Name of the institution la	st studied:						
			Maximum					
	Subjects	In figures	In words	Marks				
I M	BBS: Anatomy							
	Physiology							
	Biochemistry							
II N	IBBS: Pathology							
	Pharmacology							
	Microbiology							
	Forensic Medicine							
Fina	al MBBS Part-I: ENT							
Ophthalmology								
	Community Medicine							
Final MBBS Part-II: General Medicine								
	General Surgery							
Obstetrics & Gynaecology								
Paediatrics								
	Grand Total							
Percentage of marks scored in the MBBS degree examination								
I hereby solemnly and sincerely affirm that the statements and information furnished above and in the enclosure submitted by me are true. If any of the information furnished therein is later found to be false in material particulars or in any other manner, I am aware that I am liable to criminal prosecution, besides forfeiting the right of my continuance as Medical Post Graduate student in the MES Medical College.								
Plac	ee:							
Date	e :		Signatur	e of the Applicant:				

DECLARATION

I
(son/daughter) of Mr.
a Post Graduate Medical Degree/Diploma student of M.E.S.
Medical College Perinthalmanna do hereby declare that I will
abide by all the rules for general discipline, including rules for
prevention of ragging, Hostel rules and Library rules now in
vogue in the college and any amendment made to the said rules
mentioned above from time to time. I fully understand, that if
any provision of the above said rules is violated by me, the
college authority are fully empowered to inflict any punishment
including fine, suspension / expulsion from the College / Hostel.
Signature
Date
Name of the student
Counter signed by the Parent / Guardian
Name
Relationship with the student
Date

MES MEDICAL COLLEGE, PERINTHALMANNA

PG ADMISSION 2022-23

DECLARATION

									student	C
				_	-					
•	,				_				not produc	ced at the
time o	f repo	rting	for a	lmission	the follow	ving ce	rtificat	tes/doc	cuments.	

However I am being admitted provisionally to the PG Degree/Diploma course in MES Medical College, Perinthalmanna based on my promise and undertaking that I would produce the above-mentioned certificates/documents within one week, failing which my admission to the PG Degree/Diploma course in MES Medical College, Perinthalmanna is liable to be cancelled. I will not hold the Dean or Management of the MES Medical College, Perinthalmanna responsible for any hardship, inconvenience or economic loss which might be incurred to me due to such cancellation of my admission in the aforesaid College.

Name and Signature of the student :

Place and Date :

Name of the Parent :

Counter signed by the Parent :

Undertaking from the Students as per the provisions of anti-ragging verdict by the Hon'ble Supreme Court of India

I, Mr./Ms,
son/daughter of
student of PG Degree/Diploma in
do hereby undertake on this day, the
following with respect to the anti ragging verdict and directives of the Hon.Supreme Court of
India on effective prevention of ragging in educational instutions.
1) That I have read and understood the directives of the Hon'ble Supreme Court of India on anti-ragging and the measures that might be taken for violation of the directives.
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 any 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 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, Government of India and authorities of the
for the purpose from time to time. (Name of college)
Name and signature of Student
I hereby fully endorse the above undertaking made by my son/ daughter
Name and signature of Mother/Father
Witness

2.

1.

MES MEDICAL COLLEGE, PERINTHALMANNA

INFORMATION REGARDING THE INTIMATION OF RAGGING, IF ANY

The first year UG/PG students and their parents are informed that measures for the prevention of ragging in the institution have been strengthened further. The following acts are considered as ragging as per Kerala Prohibition of Ragging Act 10 of 1998.

'Ragging' means doing of any act, by disorderly conduct, to a student of an Educational institution, which causes or is likely to cause physical or psychological harm or raising apprehension or fear or shame or embarrassment to that student and includes (i) teasing, abusing or playing practical jokes on, or causing hurt to, such student; or (ii) asking a student to do any act or perform something which such student will not, in the ordinary course, willingly, do.

If any such activity takes place in the hostel/Campus the same may be brought to the notice of the Asst. Warden/Matron/Dean or any other teacher. If any compliant is obtained in writing from the student/parent/ or a teacher in the institution regarding the occurrence of ragging of any kind, disciplinary action as contemplated in the Act aforesaid will be initiated.

All are requested to co operate.





Malaparamba, Palachode P.O. Perinthalmanna, Malappuram Dt., Pin - 679 338, Kerala, India. Tel 04933-298300/301 Purchase: 04933-298358 E-mail: purchase@mesams.com www.mesams.com

GST IN: 32AAATM3669D4ZQ

Registered under Societies Registration Act XXI 1860 exempted under section 10(23 C) (iv) and section 80G of the Income Tax Act 1961

OUR BANK ACCOUNT DETAILS

Name of Account

MES MEDICAL COLLEGE

Account No

0537053000012359

Name of Bank

SOUTH INDIAN BANK

Branch

ANGADIPURAM

IFSC

SIBL0000537

More details, Please contact Accounts Department:- (No. 04933 298 355)