	Mala	l a c h o d a p p u r a : ' h o n e: 9 esmcp@gr	e (P. m -D 1- 4 9 <u>nail.c</u>	PERI O), Malapa istrict, K 933 – 29830 0 com W	NTH aramba erala- -303Fa yebsit	ALM a,Kola State, x:91-49 e: <u>www</u> .	[ A N N A a t h u r (Via) Pin -679 338 933 – 298304 <u>mesams.com</u>
App	plication No.	CIONA	_	JOCICCY	negu	.,	irreac)
	APPLICATION FOR ADMISSION TO N UNDER NRI QU		EGI	REE COUF	RSE 202	23-24	
2. Fil	ease read the instructions carefully before filling the appli- l in every column without fail. Defective and incomplete e only <b>"BLOCK LETTERS"</b> to fill in the application fo	applicatio		ll be rejected.		of	x Photo f the didate
1.	Name of the applicant (as in school certificate SSLC/CBSE 10 <sup>th</sup> )				_		
2.	Age & Date of Birth in Christian Era	Age		DD	M	М	YYYY
3.	Nationality		I				
4.	Aadhar Card Number			_			
5.	Sex ( put $\sqrt{\text{mark}}$ in the appropriate box)	Male	3			Fem ale	
	a) Religion & Caste						
6.	<ul><li>b) Whether the candidate belongs to SC/ST/OEC?</li><li>If Yes, specify the category</li></ul>		С			c) Blo	od Group :
		CATEGORY					
	c) Whether belongs to Non-creamy layer	Yes				No	
7.	a) Name of Father						
	b) Name of Mother						
	c) Occupation of Parents * (Mandatory)	Father			Mot	her	
	d) Annual Income of the family *(Mandatory)	Father			Mot	her	
	Address for communication :Door No./House Name						
	Area/Street/Road						
8	Post Office						
0	State, District& Pin code						
	Mobile/Tel. No. (with STD Code)						
	Email address, if any (Student)						

GU CU	MES MEDICAL COLLEGE
	P E R I N T H A L M A N N A
	Palachode (P.O), Malaparamba, Kolathur (Via)
	Malappuram -District, Kerala -State, Pin -679 338
AIKUT	P h o n e: 91- 4 933 – 29830 0 -3 03 Fax: 91-4 933 – 298304
A NO INTY	E m a i l: <u>mesmcp@gmail.com</u> W e b s i t e: <u>www.mesams.com</u>

(Managed	bv	the	Muslim	Educational	Society	Read.,	Calicut)

9.	<b>Permanent Address (if different from 8 abo</b> Door No./House Name	ve)	
	Area/Street/Road		
	Post Office		
	State ,District & Pin code		
	Mobile/Tel. No. (with STD Code)		
10.	State the category to which the applicant		An Indian citizen of Kerala origin
10.	belongs		A Non-Keralite Indian citizen
11.	Name of parent/guardian with relationship		
	Address: Door No./House Name		
	Area/Street/Road		
	Post Office		
	State, District & Pin code		
	Mobile/Tel. No. (with STD Code)		
	Email address of parentFather:Aadhar NumberMother:		
	Details of National Eligibility Cum Ent	rance T	est – NEET (UG) 2023
	a) Roll No.		
	b) All India Rank		
18.	c) Marks Obtained		
	d) Percentage Score		
	e) Percentile Score		
19.	Details of KEAM 2023		
	a) Roll No.		
	b) Rank		

#### **DECLARATION**

1. We 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, we are aware that we are liable to criminal prosecution, besides forfeiting the right of continuance of the applicant in the MES Medical College, Perinthalmanna.

2. We 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.

Signature of Parent/Guardian of the applicant:

Signature of the applicant:

Place :

Date :



## MES MEDICAL COLLEGE PERINTHALMANNA

P a l a c h o d e (P.O), M a l a p a r a m b a, K o l a t h u r (Via) M a l a p p u r a m -D i s tri c t, K e r a l a -S t a t e, Pin -679 338 P h o n e: 91- 4 933 – 29830 0 -3 03 Fax: 91-4 933 – 298304

E m a i l: <u>mesmcp@gmail.com</u> W e b s i t e: <u>www.mesams.com</u>

(Managed by the Muslim Educational Society Regd., Calicut

### DETAILS OF THE SPONSOR (NRI)

1.	Name of sponsor	
2.	Passport No. & Date of Expiry	
3.	Visa No. & Date of Expiry	
4.	Job Details of sponsor	
5.	Relationship with the applicant	
6.	Address of sponsor in India	
7	Aadhar Number of Sponsor	
8	Mobile Number of Sponsor	

### **DECLARATION**

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Signature of the applicant:

Place :

Date :



## MES MEDICAL COLLEGE PERINTHALMANNA

P a l a c h o d e (P.O), M a l a p a r a m b a, K o l a t h u r (Via) M a l a p p u r a m -D i s trict, K e r a l a -S t a t e, Pin -679 338 P h o n e: 91-4933 – 29830 0 -3 03 Fax: 91-4933 – 298304 E m a i l: <u>mesmcp@gmail.com</u> W e b s i t e: <u>www.mesams.com</u>

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#### FORM FOR MARK SHEET

Please fill in the marks obtained in the qualifying examination in this form.

Note: Please write the name of additional/optional subjects in the space provided and enter the marks. (In the case of those whose marks cannot be produced in this form, they need fill up only the Grand total row). Attested copy of mark list should be enclosed)

1.	Name of the applicant	
2.	Name of the qualifying examination passed	
3.	Month & Year of Examination	
4.	Name of University/Board	
5.	Register No. for the University/Board Examination	
6.	Name of institution last studied	

		Marks Scored	Maximum	Percentage of Marks
Subjects	In figures	In words	Marks	
Part I English				
Part II – Additional Language ()				
Part III – Science Subjects				
Physics				
Chemistry				
Biology				
Total for PCB Subjects				
Mathematics /Biotechnology/Others				
Grand Total				

### **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 my continuance as MBBS student in the MES Medical College.

Signature of Parent/Guardian of the applicant:

Place :

Date :

Signature of the applicant:

## **DECLARATION**

Signature
Date
Name of the student

Counter signed by the Parent / Guardian
Name
Relationship with the student
Date

# 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.



DEAN M.E.S. MEDICAL COLLEGE, PERINTALMANNA PALACHODE P.O., I VIA KOLATHUR I MALAOPHIRAM DISTRICT - 679 33P

### **DOCUMENTS TO BE SUBMITTED AT THE TIME OF ADMISSION**

Candidates who get allotment shall appear before the Dean of the College and take admission at the appointed time and date in the college and remit tuition fee, admission fee and special fees for the first year. They shall also produce the following documents in original at the time of admission before the Dean of the College:

- (a) Admit card of NEET UG -2023.
- (b) Result/Score Card of NEET UG -2023.
- (c) Allotment memo & Data Sheet of KEAM 2023
- (d) Mark list at the qualifying examination.
- (e) Pass Certificate of the candidate at the qualifying examination.
- (f) Document (School Record viz: SSLC or equivalent) of the candidate to prove his/ her date of birth.
- (g) Eligibility/equivalency certificate obtained from the Kerala University of Health Sciences by candidates who have passed the qualifying examination from authorities other than the State of Kerala / CBSE / ISCE.
- (h) Course and conduct certificate from the institution last attended.
- (i) Transfer certificate (TC) from the institution last attended.
- (j) Community certificate issued by competent authority (if applicable).
- (k) Non-creamy Layer certificate issued by competent authority (if applicable)
- (l) Income certificate issued by the competent authority (if applicable).
- (m) Originals of other certificates, the copies of which are enclosed with the application form.
- (n) Document/ certificate required in proof of any benefit claimed in the application form.
- (o) ONE set of photocopies of all the above documents including Application form.
- (p) Passport size colour photo -10 nos.
- (q) Physical Fitness Certificate in the format given in **Annexure III** obtained from a Medical Officer in Government Service not below the rank of Assistant MedicalOfficer.
- (r) Undertaking in **Annexure II** to be duly notarized in the stamp paper worth of 500/- rupees.
- (s) Service Bond in the **Annexure V** to be duly notarized in the stamp paper worth of 500/- rupees
- (t) Any other document/ certificate required to be produced.

All the documents (except stamp paper, undertakings) should be scanned and to be brought in a returnable pen drive; the Size should be less than 150 KB.

Photo should be scanned- Photo requirements: - -Maximum Size: 30Kb, Image Dimension: 150W X 200H, Image Type : JPG, Back ground color : White

### For NRI Quota, the following additional documents are to be submitted:

- a) **Passport copy and Visa** attested by the Embassy/Green Card/Overseas Citizen of India (OCI) documents of their respective sponsors. The job of the sponsor should be mentioned in any of the above documents. The validity of the Visa should be up to the closing date of admission for Medical course.
- b) **Employment certificate**: Employment certificate of the sponsor attested by the Embassy/Consulate authorities (In case, the employment of the sponsor is not mentioned in the documents such as Passport copy and Visa attested by the Embassy/Green Card/Overseas Citizen of India (OCI)).
- c) **Relationship Certificate**: Relationship certificate of the sponsor and student to be issued by the revenue authorities (Relationship should be established) as per the G.O (Ms) No. 243/14/H&FWD dated 06.08.2014. If the sponsor is the Father/Mother of the applicant, educational certificates of the applicant containing the name of the sponsor shall also be accepted.
- d) **Notarized Sworn Affidavit:** The sworn affidavit from the Sponsor in stamp paper worth Rs. 200/- should be produced. The same shall also be notarized by the Notary Public, disclosing that the student is dependent of the sponsor and all the expenses i.e. tuition fee and special fee, of the candidate for the entire course period will be borne by the Sponsor.

**In case the sponsor is abroad**, the sponsor has to submit the sworn affidavit notarized by the Notary Public/Consulate/Embassy as per the rules and regulations prevailing in the respective countries, where the sponsor is presently working, disclosing that the student is dependent of the sponsor and that all expenses i.e. tuition fee and special fee, of the candidate for the entire course period will be borne by the Sponsor

e) **Documents to prove Citizenship**: The sponsor should be an Indian citizen/Overseas Citizen of India/Person of Indian Origin and relevant document to prove the same.

Note: All the certificates/documents required to establish NRI Status/ Noncreamy Layer/Minority etc. shall be produced at the time of submission of application itself. The certificate produced later <u>shall not</u> be entertained under any circumstances.

*Candidates* <u>will not</u> be given any extension of time to produce the original documents/certificates.

\* "An Applicant who depends upon his/her Father/ Mother/Brothers & Sisters (inclusive of first cousins)/Husband/Wife/Brothers and Sisters (inclusive of first cousins) of father or mother/Half Brother/Half Sister/Adopted father or adopted mother working abroad"



Malaparamba, Palachode P.O. Perinthalmanna Malappuram Dt., Pin - 679 338, Kerala, Incla Tel 04933-298300/301 Purchase : 04933-298358 E-mail: purchase@mesams.com www.mesams.com GST IN : 32AAATM3669D420

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

ANGADIPURAM t Branch

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IFSC

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

SIBL0000537

For any fee related queries please contact our accounts department : 04933 298355 For any admission related queries please visit our website www.mesams.com (04933-298379)