# 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: mesmcp@gmail.com Website: www.mesams.com

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

App	olication No.					
DE	APPLICATION FOR ADMISSION GREE/DIPLOMA COURSE 2023-2024 UN	Affix Photo				
					of the	
					candidate	
					Candidate	
1.	Name of the PG course for which admission sought					
2.	Name of applicant with initials expanded (as in 10 <sup>th</sup> Certificate)					
		Age	DD	MM	YYYY	
3.	Age & Date of Birth in Christian Era					
4.	Blood Group					
5.	Nationality	Nationality				
6	State the category to which the applicant belongs	An	An Indian citizen of Kerala origin			
Ü	State the category to which the applicant belongs	A Non-Keralite Indian citizen				
7	Sex ( put √ mark in the appropriate box)	Male	Male Fe		male	
8.	a) Religion & Caste				<u> </u>	
	b) Whether belongs to SC/ST/OEC, If Yes Specify					
	c) PAN Card Number :	d) Adhar Car	d) Adhar Card Number :			
	e) Annual Income of the family	Father	Father Moth		her	
	f) Occupation of Parents					
9.	Address for communication House Name/ Door No.					
	Area/Street/Road					
	Post Office					
	District, Pincode					
	Mobile :	Alter Mobile	No:			
	Email address of student					
10	Permanent Address(if different from 9 above) House Name/ Door No.					
	Area/Street/Road	District, Pinc	ode			
	Post Office	Mobile/Tel. N	No.			



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Father's name with initial,							
11.		•					
	If doctor, please me	ention					
12.	Address: Door No./	House Name					
	Area/Street/Road, F	Post Office,					
	District, Pin code						
	Mobile/Tel. No. (w	ith STD Code)					
	Email address, of p	arant	Father	:			
	Email address, of parent		Mother:				
13.	Mother's name with initial						
14.	. Spouse name (if doctor please						
	mention)						
15	Name of NRI (Spor	nsor)					
16	Occupation of NRI	I & Country					
17	Passport No. & Dat	te of Expiry					
18	Visa No. & Date of	Expiry					
19	Address of the NR	I in India					
20	Relationship of NR	I with the					
21.	NEET-PG and Kera	ala State Rank De	tails				
NEET Roll No.			NEET Percentile				
NEE	T Score			Roll No. Kerala PG Medical 2023			
NEET Rank			Kerala State Rank				
				DECLARATION			
<ol> <li>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.</li> <li>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.</li> </ol>							
Place: Signature of the Applicant							
Date:							
FOR OFFICE USE ONLY							



Name of the Applicant

1.

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FORM FOR MARK SHEET

2.	Name of qualifying exam	nination passe						
3.	Month & Year of Examin	nation (Final	MBBS Part-II)					
4.	Name of the University							
5.	Register No. for the Univ	ersity Examin						
6	CRRI Certificate No. & I	Date						
7	Name of Medical Counci	l and Registra						
8	Name of the institution last studied:							
		1	Tarks Scored in the qualifying examination		Maximum			
Subjects		In figures	In wo	Marks				
I MI	BBS: Anatomy							
	Physiology							
Biochemistry								
II M	<b>IBBS:</b> Pathology							
	Pharmacology							
	Microbiology							
	Forensic Medicine							
Final MBBS Part-I: ENT								
Ophthalmology								
	Community Medicine							
Final	I MBBS Part-II: General Medicine							
	General Surgery							
	Obstetrics & Gynaecology							
	Paediatrics							
	Grand Total							
	Percentage of marks scored in the MBBS degree examination							
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 Medical Post Graduate student in the MES Medical College.								
Place:								
Date	Date: Signature of the Applicant:							