

Sree Gokulam Medical College & Research Foundation ADMISSION TO MBBS COURSE 2024-25

CHECKLIST

Students selected for admission should produce the following documents at the time of admission

- 1. Allotment Memo and Data Sheet (CEE)
- 2. Admit card and Score Sheet of Entrance Examination (NEET (UG)
- 3. Original Mark Sheet of 10th Std and pass certificate.
- 4. Original Mark Sheet of 12th Std and pass certificate.
- 5. Transfer Certificate and Conduct Certificate (From the Institution last attended)
- 6. Migration Certificate
- 7. Eligibility Certificate in case of those passed out from other Universities and States obtained from KUHS (Other than HSE, VHSE, CBSE, CISCE)
- 8. Certificate in proof of OBC(H)/SC/ST/OEC/Fsheries / Non creamy layer, if applicable issued by the Tahsildar/Village Officer/Authority concerned.
- 9. Certificate in proof of locomotor disability of lower limbs between 50 to 70 percent, if applicable (For PWD Candidates)
- 10. Address Proof and Aadhaar card
- 11. 8 passport size photos.
- 12. NRI students should produce the documents required to prove their NRI status as listed in the prospectus.(List attached separately)
- 13. Medical Fitness Certificate
- 14. Certificate to prove that they have taken Hepatitis B Vaccine, Chickenpox and MMR Vaccine.
- 15. COVID Vaccination Certificate
- 16. Receipt of fee remitted to CEE
- 17.Non- Judicial Kerala Stamp Paper worth Rs.200/-.
- 18. Undertaking to the effect that the student will not indulge in ragging.
- 19. Two set copies of all certificates
- 20. Fee payment details

Tuition fee Rs	. by DD No	. dt
Special fee Rs	. by DD No	. dt
Hostel fee Rs	. by DD No	. dt

[Provisional Fee Details – Tuition fee – 7,71,595/- (GEN) / Rs.21,65,720/-(NRI) , Special Fee – 53,194/-, Hostel Fee – Rs.1,11,950/- & Fee for SC/ST/OEC/OBC(H) – 15,000/-]

Note:

Students should take copies of all certificates and get it attested before submission as the original certificates are to be sent to university.

NRI candidates should produce the following Documents

- 1) Affidavit / declaration of the Sponsor agreeing to sponsor the studies of the candidate in Rs.200 worth Kerala Non judicial stamp paper.
- 2) Employment certificate of the sponsor.
- 3) If the sponsor is self employed , a statement to that effect duly Counter signed by the concerned Embassy.
- 4) Certificate to prove the NRI Status of the sponsor issued by the concerned Embassy.
- 5) Copy of the passport of the Sponsor with valid visa endorsement.
- 6) Relationship certificate issued by the Village officer/ Revenue authority.
- 7) Certificate issued by the bank authority showing the NRI account number and Status of the account of the Sponsor.

A DECEMBER OF CONCERNMENT

PROFORMA TO BE FILLED BY THE STUDENT

- 1. Name with initial expanded
- 2. Aadhaar No.
- 2. Age & Date of Birth
- 3. Blood Group
- 4. Religion & Caste (SC/ST/OBC/General) :

:

- 5. Mobile No & Email ID of Student :
- 5. Name & Occupation of Father:

Mobile:

Email ID:

6. Name & Occupation of Mother:

Mobile:

Email ID:

- 7. Permanent Address with Pincode:
- 8. Present Address with Pincode:
- 9. Name, Address & Mobile No. of Local Guardian:
- 10. Qualifying Exam Passed: CBSE/ICSE/HSE
- 11. Percentage of Marks: P/C/B :
- 12. Entrance Exam passed with Rank NEET (UG) 2024

NEET Score: Kerala Rank: NEET Rank:

13. Admission quota : Government / NRI

:

- 14. Seat Type
- 15. Extracurricular Activities:

Date Venjaramoodu

Signature of the Student

Note : All the above information should be correctly furnished with supporting documents.

Photo



SREE GOKULAM MEDICAL COLLEGE

&

RESEARCH FOUNDATION

(A UNIT OF FOUNDATION NON-RESIDENT INDIANS) Karinchathi Road, Venjaramoodu P O, Trivandrum – 695 607, Ph : 0472-2815020

APPLICATION FORM FOR ADMISSION TO HOSTEL					
Name of Student Age & Date of Birth Religion & Caste	:		Photo		
Name and Address of Parent	:				
Mobile No: & Email ID of Father	:				
Mobile No. & Email ID of Mother	:				
Name, Email ID & Phone No. of Local Guardian if any:					
Course of Study Category of Admission		: : General Merit /NRI			
Date of Admission Type of Room Required		: : Single / Double / NRI Single			
Signature of Parent / Guardian		Signature	of Student		

Venjaramoodu

P R I N C I P A L



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:
	••••••

Tel/ Mobile No:

Address

UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT

1.

(Full Name in Block Letters)

Father / Mother/ Guardian of Mr./Mrs./Ms.____

(Full Name of Student in Block Letters)

with Admission No.

admitted to the course of

(Name of Course)

(Name of College / Institution)

affiliated to

at

(Name of University)

Hereby declare that I have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN MEDICAL COLLEGES/INSTITUTIONS, 2021 of the National Medical Commission(NMC).

- 2. I have carefully read and fully understood the provisions in these Regulations
- 3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging"
- 4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against my son/daughter/ward in case he /she is found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
- 5. I hereby undertake that my son/ daughter/ ward -

(iv) Will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations

- Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations
- (vi) Will not hurt anyone physically or psychologically or cause any other harm.
- 6. I hereby agree that if my son/ daughter/ ward is found guilty of any aspect of ragging, he/ she may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force
- 7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled / withdrawn.

Signed on this ______ day of _____ month of vear

Signature Name: Address :

Signature of Witness 1 (Name of Witness 1)

Signature of Witness 2 (Name of Witness 2)

UNDERTAKING BY THE STUDENT

1. 1		•	•		
<u></u>		me in Block Lett	ers)	•	,
Son/ Daughter of Mr	r./Mrs./Ms				
		(Full Name	e in Block Letter	rs)	
admitted to the No.	he course of	••••••••••••••••••••••••••••••••••••••		with	Admission
	(Name of	Course)			
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affiliated to					· · · · · · · · · · · · · · · · · · ·
	(Name	of University)			
have received a copy of			19		ragging in
MEDICAL COLLEGES/INS	STITUTIONS, 2021 of	the National Me	edical Commiss	ion(NMC).	•
2. I have carefully read and	d fully understood the	e provisions in tl	iese Regulatio	15 🦓 .	
3. I have particularly per	rused CHAPTER II SE	CTION 3 and h	, ave fully unde	rstood what	constitutes
"Ragging"					
4. I have also in particular	perused Chapter IV ;	and read and un	derstood the A	Administrativ	e and Penal
actions that may be ta	ditter i sign				
actively or passively, or					0 00 0
5. I hereby undertake that					
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	e in any behavior or ted under Section 3 o			definition o	t ragging as
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	pate in or abet or pro			luded but no	ot limited to
	e constituted under S		*		· · · · ·
(iii) I will not hurt an	yone physically or psy	ychologically or	cause any othe	r harm.	
6. I hereby agree that if fo	und guilty of any asp	ect of ragging, I	may be punish	ied as per th	e provisions
of the NMC Regulations	mentioned above an	d/or as per the	law in force		•
7. I also declare that I hav	e never been found	to be guilty of	ragging or abe	tting ragging	, actively or
passively, or being part	of a conspiracy to p	romote ragging	and have neve	er been puni	shed in any
manner for these offer	nces and further aff	irm that if this	declaration is	s incorrect o	or false, my
admission is liable to be	ecancelled / withdrav	vn.	Х		
Signed on this	day	/ of	month of	y	rear
Ci k					
Signature Name:	Cianatura	of Witness 1		Cignatura of	Witness 2
Address :		f Witness 1		Signature of (Name of W	
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