



Sree Gokulam Medical College & Research Foundation
ADMISSION TO MBBS COURSE 2026-27

CHECKLIST

Students selected for admission should report between 09.00 am and 02.00 pm and produce the following documents at the time of admission

1. Allotment Memo and Data Sheet (issued by CEE) {Allotment memo, if revised later, on subsequent phases of allotments, should be submitted to office}
2. Admit card and Score Sheet of Entrance Examination (NEET-UG)
3. Original Mark Sheet of 10th Std & of 12th Std and pass certificate if any.
4. Transfer Certificate and Conduct Certificate (From the Institution last attended)
5. **Migration Certificate & Eligibility Certificate** in case of those passed out from other Universities and States obtained from KUHS (Other than HSE, VHSE, CBSE, CISCE)
6. Certificate in proof of EWS/OBC(H)/BX/DV/KU/LA/SC/ST/OEC/Fisheries, etc
7. Non creamy layer certificate (state education purpose), if applicable issued by the Tahsildar /Village Officer/ Authority concerned.
8. Certificate in proof of physical disability, if applicable, for PWD Candidates
9. Address Proof /Aadhaar card Copy
10. 8 passport size photos.
11. NRI students should produce the documents required to prove their NRI status as listed in the prospectus (List attached separately).
12. Physical Fitness Certificate
13. Certificate to prove they have taken **COVID Vaccination**, Hepatitis B Vaccine, Chicken pox and MMR Vaccine.
14. Receipt of fee remitted to CEE
15. Non-Judicial Kerala Stamp Paper worth Rs.200/-. (in favor of The Principal, Sree Gokulam Medical College & Research Foundation)
16. Undertaking to the effect that the student will not indulge in ragging (format attached).
17. Two set copies of all the above from sl. No. 1 to 14 to be submitted at the admission alongwith originals

Note: Students should take copies of all certificates and get it attested for their personal use before submission to this office.
18. Fee payment **at the time of admission**:- (As the fee for 2026-27 admission year is not yet fixed, candidates should provisionally pay the fee fixed for 2025-26 admission year shown below and have to pay the balance fee as and when the fee for 2026-27 is approved)
 - a) For General candidates: - **Total fee Rs 9,88,226.00** {Tuition fee – Rs 8,10,175/-, Special Fee– Rs 54,854/- (Caution deposit College Rs 10000/- included), Hostel Fee– Rs.1,23,197/- (Caution Deposit Hostel Rs 5,000/- included)}
 - b) For E-Grantz eligible candidates – Caution Deposit of Rs 15,000/- only.
 - c) NRI candidates - **Total fee Rs 24,52,057.00** {Tuition fee – Rs.22,74,006/-, Special Fee– Rs 54,854/-(Caution deposit College Rs 10000/- included), Hostel Fee– Rs.1,23,197/- (Caution Deposit Hostel Rs 5,000/- included)}
 - d) Admission fee Rs 1,500/- {common to all categories}
19. Mode of Payment :-
NEFT/RTGS to Account No: 1422 02 0000 2952 Name of Bank : FEDERAL Bank Ltd
IFSC – FDRL 0001422 (email UTR number and details to principal@sgmc.edu.in)
OR - DD in favor of SREE GOKULAM MEDICAL COLLEGE AND
RESEARCH FOUNDATION payable at Thiruvananthapuram

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 **notarized by notary public**.**
- 2) Employment certificate of the sponsor attested by Embassy/Consulate authorities.**
- 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 and valid Visa/Green card/OCI document signed by the concerned Embassy of the Sponsor.**
- 6) Relationship certificate issued by the Village officer/Revenue authority.**
- 7) Certificate issued by the bank authorities showing the NRI account number and Status of the account of the Sponsor.**



PROFORMA TO BE FILLED BY THE STUDENT

1. Name with initial expanded :
2. Aadhaar No. :
3. Apaar ID :
4. Gender :
5. Age & Date of Birth :
6. Blood Group :
7. Nativity, Religion & Caste(SC/ST/OBC/General) :
8. Mobile No & Email ID (in block Letters) of Student :
9. Name Occupation of Father: Mobile:

Photo

Email ID (in Capital Letters):

10. Name & Occupation of Mother: Mobile:

Email ID (in block Letters):

11. Permanent Address with Pincode:

12. Present Address with Pincode:

13. Name, Address & Mobile No. of Local Guardian:

14. Qualifying Exam Passed: CBSE/ICSE/HSE
(others please specify)

15. Reg.No&Year:

16. Percentage of Marks (Plus Two):

17. P/C/B (Percentage):

18. Entrance Exam passed with Rank

NEET Score:

NEET

Rank: NEET (UG) 2025

Kerala Rank:

19. Admission quota : Government/NRI

20. Seat Type :

21. Extracurricular Activities:

Date

Venjaramoodu

Signature of the Student

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



**SREE GOKULAM MEDICAL COLLEGE
&
RESEARCH FOUNDATION**

(A UNIT OF FOUNDATION NON-RESIDENT INDIANS)

Karinchathi Road, Venjaramoodu PO, Trivandrum-695607, Ph:0472-2815020

APPLICATION FORM FOR ADMISSION TO HOSTEL

Name of Student :

Age & Date of Birth :

Religion & Caste :

Name and Address of Parent :

Photo

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 / NRI

Signature of Parent/Guardian

Signature of Student

PRINCIPAL



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. I _____
(Full Name in Block Letters)

Father / Mother/ Guardian of Mr./Mrs./Ms. _____
(Full Name of Student in Block Letters)

admitted to the course of _____ with Admission No. _____
(Name of Course)

at _____
(Name of College / Institution)

affiliated to _____
(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
 - (v) 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 _____ year

Signature

Name:

Address :

Signature of Witness 1

(Name of Witness 1)

Signature of Witness 2

(Name of Witness 2)

UNDERTAKING BY THE STUDENT

1. I _____
(Full Name in Block Letters)

Son/ Daughter of Mr./Mrs./Ms. _____
(Full Name in Block Letters)

admitted to the course of _____ with Admission
No. _____
(Name of Course)

at _____
(Name of College / Institution)

affiliated to _____
(Name of University)

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
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4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
5. I hereby undertake that:
 - (i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations
 - (ii) I 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
 - (iii) I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect of ragging, I 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 I have 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, my admission is liable to be cancelled / withdrawn.

Signed on this _____ day of _____ month of _____ year

Signature

Name:

Address :

Signature of Witness 1

(Name of Witness 1)

Signature of Witness 2

(Name of Witness 2)