Sree Gokulam Medical College & Research Foundation

ADMISSION TO PG DEGREE COURSE 2025-26

CHECKLIST

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

1. **SSLC/CBSE/CISCE certificate as proof of date of birth**
2. **Allotment Memo and Data Sheet (issued by CEE)**
3. **Admit card and Score Sheet of Entrance Examination (NEET-PG 2025)**
4. **MBBS Degree certificate from the University concerned**
5. **Attempt certificate issued by the Principal of the College where the candidate has studied / issued by the University concerned.**
6. **Certificate from the Head of the Institution certifying that the Medical College from which the candidate has passed MBBS Course is recognized by MCI / NMC with approval number and date.**
7. **Transfer Certificate and Conduct Certificate (From the Institution last attended)**
8. **Migration Certificate from the University last attended & Eligibility Certificate from KUHS if applicable**
9. **Certificate in proof of OBC(H)/BX/LA/SC/ST/OEC/Fisheries if applicable**
10. **Non creamy layer certificate (state education purpose), if applicable, issued by the Tahsildar /Village Officer/ Authority concerned.**
11. **Certificate in proof of physical disability, if applicable, for PWD Candidates**
12. **EWS certificate wherever applicable**
13. **Address Proof /Aadhaar card**
14. **6 passport size photos and keep its soft copy also.**
15. **NRI students should produce the documents required to prove their NRI status as listed in the prospectus (List attached separately).**
16. **Physical fitness certificate**
17. **Receipt of fee remitted to CEE if any**
18. **Two set copies of all the above from sl. No. 1 to 17**
19. **Non-Judicial Kerala Stamp Paper worth Rs.200/-. (in favor of The Principal, Sree Gokulam Medical College & Research Foundation)**

Note: Students should take copies of all certificates and get it attested for their personal use before submission to this office.

20. **Fee payment details:- (fee applicable for the year 2025-26)**

a) For General candidates: -
For Clinical Subjects: - Tuition fee – Rs 18,36,456/-,
For Non-clinical subjects: - Tuition fee – Rs 11,14,992/-
Special Fee– Rs 66,664/- (Caution deposit College Rs 10000/- included),
Hostel Fee– Rs.1,73,198/- (Caution Deposit Hostel Rs 5,000/- included)

b) For E-Grantz eligible candidates – Caution Deposit Rs 15,000/-

c) For NRI candidates - Tuition fee – Rs.40,81,014/-, Special Fee– Rs 66,664/- (Caution deposit College Rs 10000/- included), Hostel Fee– Rs.1,73,198/- (Caution Deposit Hostel Rs 5,000/- included)

d) Admission fee Rs 1500/- common to all categories

23. **Mode of Payment: - DD in favor of SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION payable at Thiruvananthapuram**

OR NEFT/RTGS to Account No: 1422 02 0000 2952 Name of Bank : FEDERAL Bank Ltd IFSC – FDRL 0001422 (email name of student & UTR number to principal@sgmc.edu.in)

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 Visa/Green card/OCI document notarized 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 accounts number and Status of the account of the Sponsor.**

PROFORMATOBEFILLEDBYTHE STUDENT

Photo

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 (specify SC/ST/OBC/General) :**
8. **Mobile No & Email ID (in Capital Letters) of Student :**
9. **Name, Occupation, Mobile number & Email ID in capital letter of Father:**
10. **Name, Occupation, Mobile Number & Email ID in capital letter of Mother :**

10. **Permanent Address with Pin code:**

11. **Present Address with Pin code:**

12. **Name, Address & Mobile No. of Local Guardian(if any):**

13. **Qualifying Exam Passed:** **15. Reg. No & Year:**

16. Percentage of Marks:

17. NEET PG:- NEET Score: NEET Rank: Kerala Rank:

18. **Admission quota: Government/NRI**

19. **Seat Type :**

20. **Extracurricular Activities:**

Date
Venjaramoodu **Signature of the Student**

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

SREEGOKULAMMEDICALCOLLEGE
&
RESEARCHFOUNDATION

(AUNITOFFOUNDATIONNON-RESIDENTINDIANS)

KarinchathiRoad,VenjaramooduPO,Trivandrum–695607,Ph:0472-2815020

APPLICATIONFORMFORADMISSIONTOHOSTEL

Photo

Name of Student :

Age & Date of Birth :

Religion& Caste :

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 **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:.....

.....

.....

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

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 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	**Signature of Witness 1**	**Signature of Witness 2**
Name:	**Name of Witness 1**	**Name of Witness 2**
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 -

(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) 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) 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	**Signature of Witness 1**	**Signature of Witness 2**
Name:	**Name of Witness 1**	**Name of Witness 2**
Address:		