



MES MEDICAL COLLEGE

PERINTHALMANNA

Palachode (P.O), Malaparamba, Kolathur (Via)

Malappuram-District, Kerala-State, Pin -679 338

Phone: 91- 4 933 – 29830 0 -3 03 Fax: 91-4 933 – 298304

Email: mesmcp@gmail.com Website: www.mesmedicalcollege.edu.in

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

Application No.	
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APPLICATION FOR ADMISSION TO MBBS DEGREE COURSE 2024-25 UNDER..... QUOTA				
Note: 1. Please read the instructions carefully before filling the application form. 2. Fill in every column without fail. Defective and incomplete application will be rejected. 3. Use only “ BLOCK LETTERS ” to fill in the application form.				Affix Photo of the candidate
1.	Name of the applicant (as in school certificate SSLC/CBSE 10 th)			
2.	Age & Date of Birth in Christian Era	Age	DD	MM
				YYYY
3.	Nationality			
4.	Aadhar Card Number			
5.	Sex (put \surd mark in the appropriate box)	Male	<input type="checkbox"/>	Female <input type="checkbox"/>
6.	a) Religion & Caste			
	b) Whether the candidate belongs to SC/ST/OEC? If Yes, specify the category	YES/NO		c) Blood 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		Mother
	d) Annual Income of the family *(Mandatory)	Father		Mother
	e) Does anyone in your immediate family work as an employee of MES Medical College or any other MES institutions? If yes, please furnish the details:			
	f) Does anyone in your immediate family studying in MES Medical College or any other MES institutions? If yes, please furnish the details:			
8.	Address for communication :Door No./House Name			
	Area/Street/Road			
	Post Office			
	State, District& Pin code			
	Mobile/Tel. No. (with STD Code)			
	Email address, if any (Student)			



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9.	Permanent Address (if different from 8 above)	
	Door No./House Name	
	Area/Street/Road	
	Post Office	
	State ,District & Pin code	
Mobile/Tel. No. (with STD Code)		
10.	State the category to which the applicant belongs	<input type="checkbox"/> An Indian citizen of Kerala origin
		<input type="checkbox"/> 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 parent	Father:
	Mother:	
Aadhar Number		
18.	Details of National Eligibility Cum Entrance Test – NEET (UG) 2024	
	a) Roll No.	
	b) All India Rank	
	c) Marks Obtained	
	d) Percentage Score	
	e) Percentile Score	
19.	Details of KEAM 2024	
	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 :



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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			
Subjects	Marks Scored		Maximum Marks	Percentage of Marks
	In figures	In words		
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:

Signature of the applicant:

Place :

Date :

**Undertaking from the Students as per the provisions of anti-ragging verdict by the
Hon'ble Supreme Court of India**

I, Mr./Ms ,
son/daughter of..... and
student of MBBS in..... do
hereby undertake on this day..... , the following
with respect to the anti ragging verdict and directives of the Hon.Supreme Court of India on
effective prevention of ragging in educational institutions.

- 1) That I have read and understood the directives of the Hon'ble Supreme Court of India on anti-ragging and the measures that might be taken for violation of the directives.
- 2) That I understand the meaning of Ragging and know that the ragging in any form is a punishable offence and the same is banned by the Court of Law.
- 3) That I have not been found or charged for any involvement in any kind of ragging in the past. However, I undertake to face disciplinary action/ legal proceedings including expulsion from the institute if the above statement is found to be untrue are concealed, at any stage in future.
- 4) That I shall not resort to ragging in any form at any place and shall abide by the rules/ laws prescribed by the Courts, Government of India and authorities of the (Name of college) for the purpose from time to time.

Name and signature of Student

I hereby fully endorse the above undertaking made by my son/ daughter.....

Name and signature of Mother/Father

Witness

1.

2.

DECLARATION

I.....

(son/daughter) of Mr.

an MBBS student of M.E.S. Medical College Perinthalmanna do hereby declare that I will abide by all the rules for general discipline, including rules for prevention of ragging, Hostel rules and Library rules now in vogue in the college and any amendment made to the said rules mentioned above from time to time. I fully understand, that if any provision of the above said rules is violated by me, the college authority are fully empowered to inflict any punishment including fine, suspension /expulsion from the College / Hostel.

Signature.....

Date.....

Name of the student.....

Counter signed by the Parent / Guardian

Name

Relationship with the student

Date

MES MEDICAL COLLEGE, PERINTHALMANNA

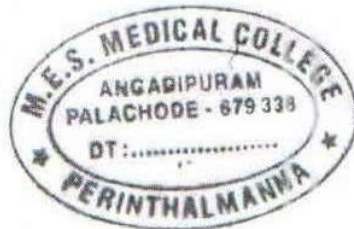
INFORMATION REGARDING THE INTIMATION OF RAGGING, IF ANY

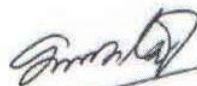
The first year UG/PG students and their parents are informed that measures for the prevention of ragging in the institution have been strengthened further. The following acts are considered as ragging as per Kerala Prohibition of Ragging Act 10 of 1998.

'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 complaint 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
DEAN
M.E.S. MEDICAL COLLEGE, PERINTHALMANNA
PALACHODE P.O. (Via KOLATHUR)
MALAPPUZHAM DISTRICT - 679 338

MES MEDICAL COLLEGE, PERINTHALMANNA

MBBS ADMISSION 2024-25

DECLARATION

Ia student seeking admission for MBBS course (2024-25) in MES Medical College, Perinthalmanna have not produced at the time of reporting for admission the following certificates/documents.

However I am being admitted provisionally to the MBBS course in MES Medical College, Perinthalmanna based on my promise and undertaking that I would produce the above-mentioned certificates/documents within one week, failing which my admission to the MBBS course in MES Medical College, Perinthalmanna is liable to be cancelled. I will not hold the Dean or Management of the MES Medical College, Perinthalmanna responsible for any hardship, inconvenience or economic loss which might be incurred to me due to such cancellation of my admission in the aforesaid College.

Name and Signature of the student :
Place and Date :
Name of the Parent :
Counter signed by the Parent :

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 -2024.
- (b) Result/Score Card of NEET UG -2024.
- (c) Allotment memo & Data Sheet of KEAM 2024
- (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) Migration Certificate
- (k) Community certificate issued by competent authority (if applicable).
- (l) Non-creamy Layer certificate issued by competent authority (if applicable)
- (m) Income certificate issued by the competent authority (if applicable).
- (n) Originals of other certificates, the copies of which are enclosed with the application form.
- (o) Document/ certificate required in proof of any benefit claimed in the application form.
- (p) Soft copy and Hard copy of all the above documents including Application form (Except Annexures)
- (q) Passport size colour photo -10 nos.
- (r) A Physical Fitness Certificate in the format given in **Annexure III** obtained from a Medical Officer in Government Service not below the rank of Assistant Medical Officer.
- (s) Undertaking in **Annexure II** to be duly notarized in the stamp paper worth of 500/- rupees.
- (t) Service Bond in the **Annexure V** to be duly notarized in the stamp paper worth of 500/- rupees
- (u) Any other document/ certificate required to be produced.

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/ Non-creamy Layer/Minority etc. shall be produced at the time of submission of application itself. The certificate produced later shall not be entertained under any circumstances.

Candidates will not 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”*

OUR BANK ACCOUNT DETAILS

Name of Account : MES MEDICAL COLLEGE
Account No : 0537053000012359
Name of Bank : SOUTH INDIAN BANK
Branch : ANGADIPURAM
IFSC : SIBL0000537

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

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