

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 - 298304

E m a i l: mesmcp@gmail.comW e b s i t e: www.mesmedicalcollege.edu.in

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

Application No.

	APPLICATION FOR ADMISSION OF UNDER 1	TO MBBS NRI QUOT		OURSE	E 2024- 2	25	
Note: 1. Please read the instructions carefully before filling the application form. Affix Photo						ffix Photo	
2. Fill in every column without fail. Defective and incomplete application will be rejected. of the						f tha	
3. Us	se only "BLOCK LETTERS" to fill in the application fo	rm.			0.	i tile	
					ca	andidate	
1.	Name of the applicant (as in school certificate SSLC/CBSE 10 th)						
2.	Age & Date of Birth in Christian Era	Age	DD	M	MM YYYY		
3.	Nationality						
4.	Aadhar Card Number						
5.	Sex (put $\sqrt{\text{mark in the appropriate box}}$)	Male			Female		
	a) Religion & Caste						
	LAND A STATE OF THE STATE OF TH	YES/NO					
6.	b) Whether the candidate belongs to SC/ST/OEC?If Yes, specify the category	CATEGORY			c) Blood Group :		
	c) Whether belongs to Non-creamy layer	Yes			No		
7.	a) Name of Father			<u>'</u>			
	b) Name of Mother						
	c) Occupation of Parents * (Mandatory)	Father		Mo	other		
	d) Annual Income of the family *(Mandatory)	Father		Mo	other		
	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 MI furnish the details:	ES Medical C	ollege or any oth	er MES	institutior	s? If yes, please	
	Address for communication :Door No./House Name						
	Area/Street/Road						
	Post Office						
8	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	e)			
	Area/Street/Road				
	Post Office				
	State ,District & Pin code				
	Mobile/Tel. No. (with STD Code)				
10.	State the category to which the applicant belongs		An Indian citizen of Kerala origin 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				
	Details of National Eligibility Cum Entr	ance Te	st – NEET (UG) 2024		
•	a) Roll No.				
	b) All India Rank				
18.	c) Marks Obtained				
	d) Percentage Score				
	e) Percentile Score				
19.	Details of KEAM 2024				
•	a) Roll No.				
	b) Rank				
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.					
	e undertake to submit all the required certificate g which my claim for selection shall be forfeited		nal at the time of counseling and during the admission process uthority concerned.		
Signa	ture of Parent/Guardian of the applicant:		Signature of the applicant:		
Place	:				
Date	:				



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DETAILS OF THE SPONSOR (NRI)

1.	Name of sponsor					
2.	Passport No. & Date of Expiry					
3.	Visa No. & Date of Expiry					
4.	Job Details of sponsor					
5.	Relationship with the applicant					
6.	Address of sponsor in India					
7	Aadhar Number of Sponsor					
8	Mobile Number of Sponsor					
	<u>DECLARATION</u>					
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.						
Signa	Signature of Parent/Guardian of the applicant: Signature of the applicant:					
Place	Place:					
Date	:					



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P a l a c h o d e (P.O), M a l a p a r a m b a, K o l a t h u r (Via) Malappuram-District, Kerala-State, Pin-679 338 Phone: 91-4933 – 29830 0 -3 03 Fax: 91-4933 – 298304

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E D D M	$\Box \cap D$	MADK	CUPPT

Pie	ase IIII in the marks obta	iinea in th	e qualifying exa	imination in this for	rm.	
cas	te: Please write the name of those whose mark ested copy of mark list	ks cannot	be produced i			
1.	Name of the applicant					
2.	Name of the qualifying e	xamination	passed			
3.	Month & Year of Exami	nation				
4.	Name of University/Boar	rd				
5.	Register No. for the Univ	versity/Boa	rd Examination			
6.	Name of institution last s	studied				
	I		Mark	s Scored	Maximum	Percentage of
	Subjects	In figures	In words		Marks	Marks
	Part I English					
(Part II – Additional Language					
Pa	art III – Science Subjects					
	Physics					
	Chemistry					
	Biology					
	Total for PCB Subjects					
/	Mathematics Biotechnology/Others					
	Grand Total					
			DEC	<u>LARATION</u>	·	
by ma	ereby solemnly and sincerome are true. If any of the nner, I am aware that I allent in the MES Medical (information m liable to	n furnished there	in is later found to b	e false in material partic	culars or in any other
Signature of Parent/Guardian of the applicant:			Signature of the applicant:			
Pla	ce:					
Dat	e :					

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
student of MBBS indo
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 instutions.
 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. 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. 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. 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
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.

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
Data

MES MEDICAL COLLEGE, PERINTHALMANNA

MBBS ADMISSION 2024-25

DECLARATION

I						a	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 co	ertific	ates/doc	cuments.					

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 :

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 compliant 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.

ANGABIPURAM
PALACHODE - 879 338
DT:.....

M.E.S. MEDICAL COLLEGE, PERINTALMANNA
PALACHODE P.O., I VIO KOLATHUR 1
MAI AUBI IE AM DISTRICT - 679 338

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.
- (i) 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 <u>shall not</u> be entertained under any circumstances.

Candidates <u>will not</u> 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"



Malaparamba, Palachode P.O. Perinthalmanna-Malappuram Dt., Pin - 679 338, Keraia, Incia Tel 04933-298300/301 Purchase: 04933-298358 E-mail: purchase@mesams.com www.mesams.com

GST IN: 32AAATM3669D4ZQ

Registered under Societies Registration Act XXI 1860 exempted under section 10(23 C) (iv) and section 80G of the Income Tax Act 1961

OUR BANK ACCOUNT DETAILS

Name of Account

MES MEDICAL COLLEGE

Account No

0537053000012359

Name of Bank

SOUTH INDIAN BANK

Branch

ANGADIPURAM

IFSC

S1BL0)00537

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)