



MES MEDICAL COLLEGE, PERINTHALMANNA

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

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

Phone: 04933 - 298379 - 310 Email: mesmcp@gmail.com

Website: www.mesmedicalcollege.edu.in

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

APPLICATION FOR ADMISSION TO MBBS DEGREE COURSE (2025-2026)

UNDER QUOTA

Application No. (For Office Use Only)						Affix Photo of the candidate
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.						
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	Blood Group					
6	Gender (Please Tick Mark in the Box)		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
7	a) Religion & Caste					
	b) Whether the candidate belongs to SC/ST/OEC? If Yes, specify the category					
	c) Whether belongs to Non-creamy layer					
8	Details of Parents		Father		Mother	
	Name					
	Mobile No.					
	Email ID					
	Occupation					
	Annual Income					
9	Address for Communication Door No./House Name					
	Area/Street/Road					
	Post Office					
	State		District		Pin code	
	Mobile Number (Student)					
	Email ID (Student)					



MES MEDICAL COLLEGE, PERINTHALMANNA

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

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

Phone: 04933 - 298379 - 310 Email: mesmcp@gmail.com

Website: www.mesmedicalcollege.edu.in

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

10	Permanent Address (if different from 9 above) Door No./House Name			
	Area/Street/Road			
	Post Office			
	State		District	
	Mobile No.			
11	State the category to which the applicant belongs (Please Tick Mark in the Box)		An Indian citizen of Kerala origin	<input type="checkbox"/>
			A Non-Keralite Indian citizen	<input type="checkbox"/>
12	Name of Guardian with Relationship			
	Address Door No./House Name			
	Area/Street/Road			
	Post Office			
	State		District	
	Mobile No.			
	Email ID			
	Aadhar Number			
13	Details of National Eligibility Cum Entrance Test – NEET (UG) 2025			
	a) Roll No.			
	b) All India Rank			
	c) Marks Obtained			
	d) Percentage Score			
	e) Percentile Score			
14	Details of KEAM - 2025			
	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 :



MES MEDICAL COLLEGE, PERINTHALMANNA

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

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

Phone: 04933 - 298379 - 310 Email: mesmcp@gmail.com

Website: www.mesmedicalcollege.edu.in

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

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 :



MES MEDICAL COLLEGE, PERINTHALMANNA

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

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

Phone: 04933 - 298379 - 310 Email: mesmcp@gmail.com

Website: www.mesmedicalcollege.edu.in

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

MBBS ADMISSION 2025-2026

DECLARATION

Ia student seeking admission for MBBS course (2025-26) 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 :



MES MEDICAL COLLEGE, PERINTHALMANNA

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

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

Phone: 04933 - 298379 - 310 Email: mesmcp@gmail.com

Website: www.mesmedicalcollege.edu.in

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

DECLARATION

I.....

(Son/Daughter) of.....

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 is 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

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 Father/Mother

Witness

1.

2.



MES MEDICAL COLLEGE, PERINTHALMANNA

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

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

Phone: 04933 - 298379 - 310 Email: mesmcp@gmail.com

Website: www.mesmedicalcollege.edu.in

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

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 students; or (ii) asking a students 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 Dean/Asst. Warden/Matron 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 cooperate.

