

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 N	IRI QUOTA			
	Application No. (For Office Use	e Only)				
Note: 1. Please read the instructions carefully before filling 2. Fill in every column without fail. Defective and income					Affix Photo of the candidate	
re	jected. se only "BLOCK LETTERS" to fill in					
1	Name of the applicant (as in scho SSLC/CBSE 10 th)	ol certificate				
2	Age & Date of Birth in Christian E	Gra	Age	DD	MM	YYYY
3	Nationality					
4	Aadhar Card Number					
5	Blood Group					
6	Gender (Please Tick Mark in the	Box)	Male		Female	
	a) Religion & Caste					
7	b) Whether the candidate belong SC/ST/OEC? If Yes, specify the category	s to				
	c) Whether belongs to Non-creamy layer					
	Details of Parents		F	ather	М	other
	Name					
8	Mobile No.					
Ü	Email ID					
	Occupation					
	Annual Income					
	Address for Communication Door No./House Name					
	Area/Street/Road					
9	Post Office					
	State	District			Pin code	
	Mobile Number (Student)					
	Email ID (Student)					



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	Permanent Address (if different from 9 above)				
10	Door No./House Name				
	Area/Street/Road				
	Post Office				
	State District	Pin code			
	Mobile No.				
11	State the category to which the applicant	An Indian citizen of Kerala origin			
	belongs (Please Tick Mark in the Box)	A Non-Keralite Indian citizen			
	Name of Guardian with Relationship				
	Address Door No./House Name				
	Area/Street/Road				
12	Post Office				
	State District	Pin code			
	Mobile No.				
	Email ID				
	Aadhar Number				
	Details of National Eligibility	y Cum Entrance Test - NEET (UG) 2025			
	a) Roll No.				
13	b) All India Rank				
13	c) Marks Obtained				
	d) Percentage Score				
	e) Percentile Score				
	Details of KEAM - 2025				
14	a) Roll No.				
	b) Rank				
enclo mate forfe	DECL We hereby solemnly and sincerely affirm that the osure, submitted by me are true. If any of the ir erial particulars or in any other manner, we are eiting the right of continuance of theapplicant in 'e undertake to submit all the required certification.	nformation furnished therein is later foun aware that we are liable to criminal prose the MES Medical College, Perinthalmanna.	d to be false in ecution, besides		
	ission process failing which my claim for selectio				
Sign	ature of Parent/Guardian of the Applicant:	Signature of the Applicant:			
Plac	e :				
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.				
Sign	ature of Parent/Guardian of the Applicant	: Signature of the Applicant:		
Plac	e :			
Date	::			



1

2

3

Name of the Applicant

Month & Year of Examination

Name of the Qualifying Examination Passed

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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

4	Name of University/Bo	oard			
Register No. for the University/Board Examination		rd			
6	Name of Institution La	st Studied			
Subjects		Marks Scored		Maximum	Percentage
		In figures	In words	Marks	of Marks
Pai	rt 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 :	



Name of the Parent

Counter signed by the Parent

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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 :



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DECLARATION

I	
(Son/Daughter) of	
an MBBS student of M.E.S. Medical College Perir	nthalmanna do hereby declare that I will abide
by all the rules for general discipline, including r	ules 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, th	nat if any provision of the above said rules is
violated by me, the college authority is fully en	npowered to inflict any punishment including
fine, suspension/expulsion from the College / H	ostel.
	Signature
	Signature
	Date
	Name of the student
Counter signed by the Parent / Guardian	
Name	
Relationship with the Student	<u>.</u>
Date	

<u>Undertaking from the Students as per the Provisions of Anti-Ragging</u> <u>Verdict by the Hon'ble Supreme Court of India</u>

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 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
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.



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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.



Dr. GIRISH RAJ MBBS, MS
DEAN
M.E.S MEDICAL COLLEGE, PERINTHALMANNA
MALAPPURAM DISTRICT - 679 338