



# 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 POST GRADUATE DEGREE/DIPLOMA COURSE 2025-2026 UNDER.....QUOTA

<b>Application No.</b> (For Office Use Only)		Affix Photo of the candidate
<b>Note:</b> 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 <b>"BLOCK LETTERS"</b> to fill in the application form.		

1	Name of the course for which admission sought				
2	Name of applicant with initials expanded (as in 10 <sup>th</sup> Certificate)				
3	Age & Date of Birth in Christian Era	Age	DD	MM	YYYY
4	Blood Group				
5	Nationality				
6	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		
7	Sex (put √ mark in the appropriate box)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
8	a) Religion & Caste				
	b) Whether belongs to SC/ST/OEC, If Yes Specify				
	c) PAN Card Number			d) Adhar Card Number	
	e) Annual Income of the family	Father		Mother	
	f) Occupation of Parents				
9	<b>Address for communication</b> House Name/ Door No.				
	Area/Street/Road		Post Office		
	District		Pin code		
	Mobile		Alternate Mobile No		
	Email address of student				
10	<b>Permanent Address (if different from 9 above)</b> House Name/ Door No.				
	Area/Street/Road		District	Pin code	
	Post Office		Mobile/Tel. No.		



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11	Father's name with initial, If doctor, please mention			
12	Address: Door No./House Name			
	Area/Street/Road		Post Office	
	District		Pin code	
	Mobile/Tel. No. (with STD Code)			
	Email address, of Parent	Father		
		Mother		
13	Mother's name with initial			
14	Spouse name (if doctor please mention)			
15	Name of NRI (Sponsor)			
16	Occupation of NRI & Country			
17	Passport No. & Date of Expiry			
18	Visa No. & Date of Expiry			
19	Address of the NRI in India			
20	Relationship of NRI with the applicant			
21	NEET-PG and Kerala State Rank Details			
NEET Roll No.			NEET Percentile	
NEET Score			Roll No. Kerala PG Medical 2025	
NEET Rank			Kerala State Rank	
<b><u>DECLARATION</u></b>				
<p>1. 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 continuance of the applicant in the MES Medical College, Perinthalmanna.</p> <p>2. I 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.</p> <p>Place :</p> <p>Date :</p> <p style="text-align: right;">Signature of the Applicant</p>				
<b>FOR OFFICE USE ONLY</b>				



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## FORM FOR MARK SHEET

1	Name of the Applicant			
2	Name of qualifying examination passed			
3	Month & Year of Examination (Final MBBS Part-II)			
4	Name of the University			
5	Register No. for the University Examination (Final MBBS Part-II)			
6	CRRI Certificate No. & Date			
7	Name of Medical Council and Registration No. & Date			
8	Name of the institution last studied:			
Subjects		Marks scored in the qualifying examination		Maximum Marks
		In figures	In words	
<b>I MBBS:</b>				
Anatomy				
Physiology				
Biochemistry				
<b>II MBBS:</b>				
Pathology				
Pharmacology				
Microbiology				
Forensic Medicine				
<b>Final MBBS Part-I:</b>				
ENT				
Ophthalmology				
Community Medicine				
<b>Final MBBS Part-II:</b>				
General Medicine				
General Surgery				
Obstetrics & Gynaecology				
Paediatrics				
<b>Grand Total</b>				
<b>Percentage of marks scored in the MBBS degree examination</b>				

### 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 Medical Post Graduate student in the MES Medical College.

Place :

Date :

Signature of the Applicant



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### **DECLARATION**

I.....(son/daughter) of Mr. ....

a Post Graduate Medical Degree/Diploma 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.....

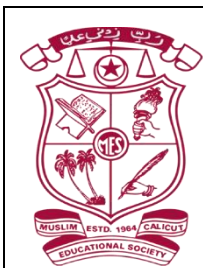
Name of the student.....

Counter signed by the Parent / Guardian

Name .....

Relationship with the student .....

Date .....



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### **PG ADMISSION 2025-26**

#### **DECLARATION**

I ....., a student seeking admission for PG Degree/Diploma.....course (2025-2026) 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 PG Degree/Diploma 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 PG Degree/Diploma 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 :

**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 PG Degree/Diploma 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.