**ATTENTION TO CANDIDATES SEEKING ADMISSION TO ALL INDIA QUOTA & STATE QUOTA SEATS AT GOVT.MEDICAL COLLEGE KOLLAM**

**CHECK LIST OF ADMISSION TO THE MBBS DEGREE COURSE 2018-2019**

|  |  |
| --- | --- |
| NO: | ITEM |
| 1 | CHECK LIST FORM ISSUED FROM THE COLLEGE |
| 2 | DECLARATIONS DULY SIGNED BY THE STUDENT AND GUARDIAN ISSUED FROM THE COLLEGE |
| 3 | FILLED UP BIO DATA SHEET ISSUED FROM THE COLLEGE |
| 4 | KUHS DATA SHEET ISSUED FROM THE COLLEGE |
| 5 | ANTI-RAGGING UNDERTAKING DULY SIGNED BY STUDENT ,GUARDIAN & WITNESS ISSUED FROM THE COLLEGE |
| 6 | PASSPORT SIZE PHOTOGRAPH (5 COPIES IN WHITE BACKGROUND) |
| 7 | ORIGINAL ADMIT CARD NEET 2018 |
| 8 | ALLOTMENT MEMO ISSUED BY THE MCC/CEE |
| 9 | CERTIFICATE TO PROVE DATE OF BIRTH (10TH MARK LIST & PASS CERTIFICATE) |
| 10 | RECEIPT OF FEES REMITTED TO MCC/CEE |
| 11 | PASS CERTIFICATE OF THE QUALIFYING EXAMINATION (12TH MARK LIST AND PASS CERTIFICATE ) |
| 12 | TRANSFER CERTIFICATE FROM THE INSTITUTION LAST STUDIED |
| 13 | COURSE CERTIFICATE AND RECENTLY TAKEN CONDUCT CERTIFICATE |
| 14 | ELIGIBILITY CERTIFICATE (BOARDS OTHER THAN HSC/VHSC/THSC/CBSE/CISCE) |
| 15 | PHYSICAL FITNESS CERTIFICATE IN THE RELEVANT FORMAT OBTAINED FROM AN AUTHORITY NOT BELOW THE RANK OF ASSISTANT SURGEON FROM A GOVERNMENT INSTITUTION. |
| 16 | CERTIFICATE OF VACCINATION HBV, MMR, CHICKENPOX ARE MANDATORY |
| 17 | MIGRATION CERTIFICATES, IF APPLICABLE |
| 18 | IF SC/ST/OEC AND OBC – COMMUNITY CERTIFICATE AS MENTIONED IN PROSPECTUS |
| 19 | KERALA STAMP PAPER WORTH RS. 200/- IN THE NAME OF STUDENT |
| 20 | SURETY SIGNATURE ATTESTED BY A GAZETTED OFFICER(FORMAT ATTACHED) |
| 21 | ANY OTHER DOCUMENTS AS REQUIRED TO PROVE CLAIMS,IF ANY |

PHOTOSTAT COPY OF ITEMS 7 TO 18 SHOULD ALSO BE ATTACHED SEPARATELY.

ALL ORIGINAL DOCUMENTS AND ONE PHOTOCOPY OF ABOVE MENTIONED DOCUMENTS TO BE SUBMITTED.

ALL CANDIATES SHOULD ENSURE SUFFICEINT NUMBER OF PHOTOCOPIES OF ORIGINAL DOCUMENTS ARE TAKEN BEFORE STATRING THE ADMISSION PROCEDURE.

COPIES/ATTESTED COPIES OF ORINIGAL DOCUMENTS TO BE RETAINED THEMSELVES FOR THEIR FUTURE USE BEFORE SUBMITTING THE ORINIGAL TO THE COLLEGE.



Government Medical College KOllam

Parippally, Kollam, Kerala, India PIN - 691574

Phone – 0474-2575574, Email: academicgmcklm@gmail.com

**DETAILS OF FEES TO BE REMITTED AT THE TIME OF ADMISSION**

**Students under All India Quota are directed to remit the fee in detailed below**

**Tuition Fee : 20,000.00**

**Caution Deposit : 2,000.00**

**Van Fee : 1,500.00**

**Miscellaneous Fee : 1,500.00**

**KUHS Registration : 2,400.00**

**Library Fee : 1,000.00**

**Document Verification Fee : 100.00**

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**Total : 28,500.00**

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* **Any change in the tuition fee made by Government, the Students are liable to pay enhanced amount.**
* **SC/ST/OEC Students from Kerala State Domicile need to pay only KUHS Registration, Caution deposit & Document Verification Fee (Rs. 4500/-)**

**Sd/-**

**Principal**



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**DETAILS OF FEES TO BE REMITTED AT THE TIME OF ADMISSION**

**Students under CEE Quota are directed to remit the fee in detailed below**

**KUHS Registration : 2,400.00**

**Library Fee : 1,000.00**

**Document Verification Fee : 100.00**

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**Total : 3,500.00**

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* **Any change in the tuition fee made by Government, the Students are liable to pay enhanced amount.**
* **SC/ST/OEC Students need to pay only Caution Deposit (Rs. 2,000/-), KUHS Registration (Rs. 2,400/-) & Document Verification Fee(Rs.100/-).**

**Sd/-**

**Principal**

**SIGNATURE ATTESTATION FORMAT**

**CERTIFICATE**

It is certified that Sri. /Smt. ………………………………………………. (Surety No1), ………………………………………………………………………………………………………………………………….………………………………………………………………………………………. and Sri./Smt.……………………………………………………………(SuretyNo.2)…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….....are known to me and their specimen signatures are as shown below.

(Seal) Signature of Gazetted Officer with designation

Specimen signature of Surety1

Name of Surety 1

Specimen signature of Surety 2

Name of Surety 2

The above specimen signatures of Surety1 and Surety 2 are attested:

(Seal) Signature of gazette Officer with designation

Place:

Date: