CHECK LIST FOR MEDICAL P.G. ADMISSION-2026

Instructions to the candidates for PG (Medical) Course Admission

Documents to be produced for at the time admission;

Sl	Documents required
1	Allotment Memo (MCC/CEE 2026)
2	Admit Card (NEET PG 2026)
3	NEET Result Sheet (2026)
4	Fee receipt MCC/CEE (Paid during registration if any)
5	Document to Prove Date of Birth (if matriculation certificate does not bear the same)
6	10^{th} Pass Certificate & Mark list (CBSE, ICSE -if any)
7	12^{th} Pass Certificate & Mark list (CBSE, ICSE -if any)
8	MBBS Degree Certificate
9	MBBS Degree Mark lists
10	CRRI Certificate
11	TCMC Registration (All students submitted at the admission time)
12	Migration Certificate (All other universities except KUHS)
13	Eligibility Certificate (All other universities except KUHS)
14	Transfer Certificate from institution last studied or Certificate from the institution that they do not provide transfer certificate.
15	Course Certificate
16	Conduct Certificate (Recent Conduct)
17	Nativity Certificate
18	Equivalence Certificate(if required)
19	Physical Fitness Certificate from a doctor not below the rank of an Assistant Surgeon with Hospital/Institution Seal (Format attached)
20	For SC/ST/OBC/OEC and EWS candidates – certificates applicable to them. (Caste Certificate/Non- Creamy Layer Certificate in case of Reservation Category)
21	For candidates claiming PWD status, Certificates from the appropriate authority as per NMC norms
22	Two set photocopy of above documents.(to be arranged in the above order)
23	Copy of AADHAR (3 Nos.)
24	Execution of Bond- At the time admission candidate have to execute two bond in Kerala Stamp Paper worth Rs.200/- (200 - 2 set) one bond to effect that they will pay liquidated damages on discontinuation of the course and second bond that they shall serve the Government of Kerala for minimum period of one year after completion of the course.
25	One Plastic File Folder to keep the Original Documents

I) Students are directed to file online affidavit at http://antiragging.in and have to submit the details at the time of admission (AISHE CODE C58110). The email received by the candidates after successful submission at the antiaging site has to be forwarded to argmckollam@gmail.com

II) Scanned copies of all original certificates separately in PDF format
(each less than 150 kb Compulsory) to be send to email ID : gmckollampg@gmail.com

Fee to be paid at the time for admission;

SL	Fees	PG Degree courses	
1	Annual tuition Fees	57890	**For SC/ST/OEC Kerala Domicile Students** 100+11580+4070 (Reg. Fees, Caution Deposit & University Fee only). They must produce Caste/Non Creamy Layer Certificate for obtaining concession at the time of admission and must apply for e-Grantz for availing further concession or have to pay the fees in full.
2	Annual miscellaneous Fees	11580	
3	Caution deposit (refundable)	11580	
4	University Reg. Fees	4070	
5	Registration Fees	100	
	Total	**₹85,220/-**	

*Attention: -SC/ST, OEC candidates (Keralites) should apply for fee concession through online (E grantz) within one week after starting the class. Otherwise they will be liable to pay full fees with fine.

1. Fee payment has to be done through digital transaction mode only.

2. Academic Development Fund = Rs 5000/-(Online payment at the admission venue)
[This fee is nonrefundable]

4. SC/ST/OEC students from outside Kerala have to remit the fee in full.

Contact Details;

Academic Section- 0474 257 4574

0474 257 5574

Details for Affidavit Registration Form For Affiliated Colleges

College Code C 58110

College Name GOVERNMENT MEDICAL COLLEGE KOLLAM

University Code U-0630

University Name KERALA UNIVERSITY OF HEALTH AND ALLIED SCIENCES

College Director's Name * Dr. Indu P S

College Phone Number (+91)* 0 474 257 4574

Current year of study* 1

Nearest Police station to your college* PARIPPALLY

PHYSICAL FITNESS CERTIFICATE

FOR ADMISSION TO MEDICAL & ALLIED COURSES

.....
Signature of candidate

I, Dr. ..... after careful personal examination of the case do hereby certify that Sri/Kum. ..... whose signature is given above is found physically fit to undergo professional education.

His/ Her height ..... , weight ..... , chest ..... and vision .....

Signature :

Name :

Place : Reg. No. :

Date : Designation :

(Hospital/Institution seal)