CHECK LIST FOR MEDICAL PG(MD/MS) ADMISSION- 2026

Name of Allotted course: **Name:**

Admission Quota AIQ/SQ	Rank		NEET Roll No.	NEET Score	Candidate Category	Allotted Category (GN/SC/ST/OEC/OBC/PH/ Others specify)
	NEET All India	CEE/ State				

(Documents shall be arranged in the following order)

Sl No.	Document	Verification by Clerk	Verifying Officer
1	Allotment Memo (MCC/CEE)		
2	Admit Card (NEET PG 2026)		
3	NEET PG RESULT 2026		
4	Document to prove date of birth (if matriculation certificate does not bear the same)		
5	Print out of online fee receipt MCC/CEE		
6	10^{th} pass certificate		
7	10^{th} mark list (CBSE, ICSE-if any)		
8	12^{th} pass certificate		
9	12^{th} mark list (CBSE, ICSE-if any)		
10	MBBS Degree Mark lists (4)		
11	MBBS Degree Certificate		
12	CRRI Certificate		
13	TCMC Registration		
14	Migration Certificate(All other universities except KUHS)		
15	Eligibility Certificate(All other universities except KUHS)		
16	Transfer certificate from institution last studied (If the institution does not issue TC, a certificate from the institution mentioning that no TC will be issued from the institution, must be submitted).		
17	Course Certificate		
18	Recent Conduct Certificate (Conduct should be recent period eg. last 1 yr./2yr)		
19	Caste Certificate/ Non Creamy Layer Certificate in case of reservation category		
20	Nativity certificate		
21	Equivalence certificate (if applicable)		
22	Physical Fitness Certificate obtained from a Medical Officer in service not below the rank of an Assistant Surgeon with Hospital/Institution seal.		

23	Declaration duly signed by student and Guardian		
24	For SC/ST/OBC/OEC and EWS candidates- certificates applicable to them.		
25	For candidates claiming PWD status, certificates from appropriate authority as per NMC norms.		
26	Execution of Bond (2 bonds of Rs. 200/- each)		
27	Declaration for Dowry Prohibition Act, 1961		
28	Copy of AADHAR		

Signature of candidate with date:

Name:

Office use only

Sl	**Fees to be paid**	**Transaction details**	**Date**	**Sign**

Signature of Clerk **Signature of Verifying Officer**

NB:-

1. Two Stamp size photographs (One should be pasted in bio data)
2. Two set Photocopies of all documents
3. 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 anti-ragging site has to be forwarded to argmckollam@gmail.com
4. Scanned copies of all original documents separately in PDF format must be sent to gmckollampg@gmail.com (Each file must be less than 150Kb).

[Admission memo, Allotment memo, Council Registration Certificate, Council Registration UG Certificate, Eligibility Certificate, EWS Certificate, Medical fitness Certificate, Migration Certificate, NEET Score sheet, Non-creamy Layer Certificate (if applicable), NRI documents, SSLC Certificate, Transfer Certificate, UG Degree Certificate, UG Eligibility Certificate, UG Equivalent Certificate, UG Mark list]

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.

Declaration I

I hereby declare that I will submit the following documents within the prescribed time as per norms of DGHS/NBE/DME/CEE/MCC. Failing which I am fully responsible for the termination of my provisional admission.

I am fully aware that any violation found in the procedure of submission of bond as specified in the Kerala Medical PG prospectus of 2026 or by any Government order in force will lead to the termination of my provisional admission and do hereby declare that I am solely and fully liable and responsible for the same and as it is a lapse from my own side, I do not have any claim for my admission and never ever proceed to any legal procedure against my declaration.

1.

2.

3.

4.

5.

Signature of student with date:

Name:

Address:

Declaration II

(For Kerala SC/ST/OEC/Fishermen students)

I _____hereby declare that, I belong to SC/ST/OEC/Fishermen candidates (Keralites) and I will apply for fee concession through online within one week after starting the class. Otherwise I will be liable to pay full fees with fine.

Signature of
student with date:
Name:

SPECIAL ATTENTION

Fee concession and Refund of fee(if eligible) is availed through E-Grantz Scholarship. Hence SC/ST/OEC/Fishermen students(Kerala) should apply for E-grantz Scholarship through Akshaya centre within one week after starting the class and submit the hard copy of application along with the relevant documents in Academic Section(B6 seat) in time otherwise college fee will be lieved as usual.

Declaration

1. The details mentioned above are true to the best of my knowledge and belief.
2. I……, the undersigned, student of the Government Medical College, Kollam hereby agree with the Chief Secretary to the Government of Kerala, his successor and assignees to confirm from this date to the rules and regulations including these relating to the hostel if I am admitted to laid down or to be laid down here in after by the Chief Secretary to the Government of Kerala or the Principal, for the time being of Government Medical College, Kollam for the due maintenance of discipline at the said Medical College.
3.I further agree with the said Chief Secretary to the Government of Kerala his successors and assignees to make good when called upon to do so to the Government of Kerala any damage to the furniture, apparatus or other things which may be caused by any carelessness, negligence or wantonness on my part.
4.I further agree that in case it is found that I had secured admission by adopting or resorting to fraudulent means, my admission will be cancelled and my name will be removed from the rolls.
5.In witness where of I have here unto set my hands on this day at Government Medical College Kollam.

Signature with name and date of the student:

Signature with name and date of Parent / Guardian with Name and Address:

ANNEXURE – XII

(Undertaking from the students as per the provisions of anti-ragging verdict by the Hon'ble Supreme Court of India)

I, Mr./Ms.....Roll No..... Program:.....student of Government Medical College, Kollam do hereby undertake on this day.....Month…… Year……..the following with respect to above subject.

1.That I have read and understood the directives of the Hon'ble Supreme Court of India on anti-ragging and the measures proposed to be taken in the above references.

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 my 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 or the facts 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 Institute authorities for the purpose from time to time.

Signature of the student with date

I hereby fully endorse the undertaking made by my child/ward.

Signature of Mother/Father and/or Guardian

Witness…… (Signature with date)

Name:

Address:

PROFORMA FOR ONLINE REGISTRATION FOR NMC & KUHS-2026

1	**COURSE**					
2	**NAME OF STUDENT(IN CAPITAL LETTER)**					
3	**GENDER**					
4	**DATE OF BIRTH(DD/MM/YYYY)**					
5	**CANDIDATE CATEGORY**	**GEN**	**EZ**	**MU**	**BH**	**LC**
		BX	**KU**	**SC**	**ST**	**OBC**
		AI	**OEC**			
6	**RELIGION**	**HINDU**	**X'AN**	**ISLAM**	**NO RELIGION**	**OTHERS**
7	**CASTE**					
8	**ALLOTTED CATEGORY (GN/OBC/SC/ST/OEC/PH/OtherSpecify)**					
9	**PHYSICALLY HANDICAPPED**	YES / NO				
10	**EXAM NAME & ROLL NO**					
11	**EXAM RANK**					
12	**TOTAL MARKS(NEET)**					
13	**MARKS OBTAINED**					
14	**PERCENTAGE/PERCENTILE OF MARK**					

15	**QUALIFICATION**	**Register No**	**Maximum Marks**	**Marks Obtained**	**Percentage**

16	**MEDICAL COUNCIL REGISTRATION NO. WITH DATE**	
17	**REGISTERED COUNCIL NAME**	
18	**KERALA STATE MEDICAL COUNCIL REGISTRATION NO. WITH DATE**	
19	**DATE OF ADMISSION**	
20	**CONTACT NO.**	
21	**E-MAIL ID**	

DETAILS OF QUALIFYING EXAMINATIONS				
1. MBBS				
REG NO.	YEAR	% OF MARK OBTAINED	INSTITUTION	UNIVERSITY/ BOARD
2. PG Diploma(for those who have completed PG Diploma)				
REG NO.	YEAR	% OF MARK OBTAINED	INSTITUTION	UNIVERSITY/ BOARD
DETAILS OF INTERNSHIP				
DURATION	FROM	TO	NAME & ADDRESS OF INSTITUTION	

I also declare that the particulars furnished above are true to the best of my knowledge and belief.

Name of the Student:

Signature of the student with date:

BIO DATA OF THE STUDENT ADMITTED TO ……

Name of Candidate with initials (as entered in 10th pass certificate) & Photo	Photo
Gender	M / F
Age & Date of Birth	
Religion, Community and Caste	
Whether SC / ST / OEC/Fishermen	
Mother tongue	
Name of entrance exam appeared	NEET
Rank number and Roll number	
Allotted Category	SM/SC/ST/OBC/OEC/PH/ Other specify----------
Qualification	
Institution & University last studied	
School leaving certificate ie, SSLC, Register No, Month and year of passing	
School where educated (10th)	
Name & Occupation of Guardian with address & Phone Number	
E-mail ID	
State	
Permanent Address with pin code	
Address for Communication with pin code	
Address of Local Guardian with Land line Number &Mobile Number	

Signature with name and date of the student

Kerala University of Health Sciences
UNDERTAKING

(To be submitted by a student at the time of admission)

I ……. Admitted in **Government Medical College Kollam**, **Parippally** for the Course……

[Course Name] do hereby undertake that I shall not:-

a. Give or take or abet the giving or taking of dowry; or
b. Demand, directly or indirectly from the parents or guardian of the bride or bridegroom, as the case may be, any dowry.

Note: "dowry" shall have the same meaning as in the Dowry Prohibition Act, 1961.

I aver in the full understanding that any breach of the rules or law relating to taking or abetting the taking of dowry shall render me liable for appropriate action including cancellation of admission to the university/denial of degree/withdrawal of degree, as the case may be.

Place: ……

Date: ……

Signature of the Student:

Name in Block letter: ……

Register No/Temporay ID

No:……

Aadhaar Card No: ……..

Full Residential

Address:……