

Application Number
(To be given by the Office)

Roll Number
(To be given by the Office)

GOVERNMENT OF KERALA
OFFICE OF THE COMMISSIONER FOR ENTRANCE EXAMINATIONS
SANTHI NAGAR, THIRUVANANTHAPURAM

**APPLICATION FOR ADMISSION TO
POST GRADUATE MEDICAL (DEGREE / DIPLOMA) COURSES, KERALA – 2004**

Center of Examination [Put v mark]	TVM		EKM		KKD	
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<p><i>Instructions for filling each item of the Application Form are given on <u>page 5</u> of the application form</i></p> <p><i>Please read the instructions carefully before filling in the Application Form.</i></p> <p><i>No item should be left unfilled. The item which is not applicable to the candidate should be filled as "Not Applicable"</i></p>	<p><i>Please paste a recent photograph of the applicant with signature, half on the photograph and half on the application</i></p>
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1. Name of Applicant (in BLOCK letters, initials last)				
2. Address for Communication (IN BLOCK LETTERS): Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2(a) (i) Contact Telephone STD Code. <input type="text"/> Tel. Number. <input type="text"/> (ii) E-mail address, if any: <input type="text"/>			
3. Date of Birth in Christian Era and completed age as on the last date of submission of Application. (Attach attested copy of school record)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Day	Month	Year	Age
4. Are you an Indian Citizen of Kerala origin? Answer (YES / NO). (If 'YES' obtain Certificate 1 or 2 on page 3)				
5. Do you claim reservation under any SC/ST Community? Write 'YES' or 'NO' (If YES, specify whether SC or ST)				
6. Do you claim reservation under seat reserved for Ex-servicemen ? Write 'YES' or 'NO'				
6 (a) If 'YES', put tick mark in the box given against the respective category. (Attach Certificate from Zilla Zainik Welfare Officer)	Ex-serviceman	<input type="checkbox"/>		
	Dependent of Jawan killed in action	<input type="checkbox"/>		
	Dependent of Ex-serviceman	<input type="checkbox"/>		

7. Professional Qualification					
(a) Name of the College and University from which you have passed the M.B.B.S Examination. (<i>Attach Certificate of Recognition, if the Degree is from Universities outside Kerala</i>)					
(b) Register Number, Month and Year of passing					
8. Details of Marks secured in the M.B.B.S Examination. (<i>Attach copies of Mark Sheets of all the years</i>)					
Year	Marks secured	Maximum Marks	Register Number	Year of Passing	
First M.B.B.S					
Second M.B.B.S					
Third M.B.B.S					
Total					
9. # Details of Compulsory Rotating Resident Internship (C.R.R.I.)					
9 (a) Name of Institution		Period		Total	
		<i>From</i>	<i>To</i>	<i>Years</i>	<i>Months</i>
12. * T.C. Medical Council Registration Number					
13. Details of Application fee remitted: (<i>Demand Draft number and date</i>)					

Refer to Clause 2 (a) and Clause VIII (b) (ii) of the Prospectus
 * Refer to Clause 2 (a) and Clause VIII (b) (iii) of the Prospectus.

DECLARATION

I, hereby declare that, all the information furnished above are correct to the best of my knowledge and belief and that, I have fully read the conditions of admission to P.G. Medical Degree / Diploma Courses-2004, as contained in the Prospectus and I agree to abide by them.

Place:

Date:

Applicant

Signature of the

CERTIFICATE TO PROVE NATIVITY

1. CERTIFICATE OF BIRTH / RESIDENCE

(To be signed by a Village Officer in Kerala State)

*Certified that, Shri/Smt is an applicant for admission to the Post Graduate Medical [Degree/Diploma] Course - 2004 * and he/she \his/her father/mother, Shri/Smtresiding at..... House,Village, District, was born in Kerala.*

OR*

Certified that the applicant Shri / Smt , an applicant for admission to the Post Graduate Medical [Degree/Diploma] Course - 2004 has been a resident of Kerala State for a period of not less than 10 years.

Signature of the Village Officer:

Name:

Place:

Taluk :

Date :

(Office Seal)

District:

OR

2. CERTIFICATE REGARDING UNDERGRADUATE COURSE (M. B. B.S) STUDIES IN MEDICAL COLLEGES IN KERALA

(To be obtained from the Principal of the Medical College in Kerala
where the candidate had undergone his / her M.B.B.S. Course)

Certified that, Shri / Smt., an applicant for admission to the Post Graduate Medical [Degree / Diploma] Courses- 2004,was a student of M.B.B.S. Course in the Medical College during the period from to and that, he / she has passed his /her M.B.B.S. Examination in the year

Signature of the Principal:

Name:

Name of the Institution:

Place:

Date :

(Office Seal)

** Strike out which is not applicable*

3. COMMUNITY CERTIFICATE

(For Scheduled Caste & Scheduled Tribes Candidate only)

1. This is to certify that Shri/Smt./Kumari
Son/ daughter of of
..... House, Village/Town
..... Taluk District
of Kerala State belongs to the Caste/*Tribe
which is recognized as a Scheduled Caste/Scheduled Tribe under:-

The Constitution Ammendment (Scheduled Castes) Order, 1950/ The Constitution Ammendment (Scheduled Tribes) Order, 1950 (as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002)

Certified that Shri/Smt./Kumari (name of person)
Son/daughter of of
..... House, Village/Town,
..... Taluk, District,
is a member of Malai Araya Christian family converted to Christianity from Hindu Malai Arayan Community,
which is included in the list of Scheduled Tribes.

2. Shri/Smt./Kumari and his/her* family
ordinarily reside(s) in Village/Town of
..... District of Kerala State.

Signature of Tahsildar :

Place :

Name :

Date :

(Office Seal)

* Please delete the words /clauses which are not applicable.

Note:-

1. The term ordinarily resides used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.
2. In case of X'ian converts from S.C who have subsequently embraced Hinduism, they should get the following certificate recorded by the 'Tahsildar' below the community Certificate. "The certificate is issued after observing the guidelines issued in Government Circular no. 18421/E2/87/SC/ST/DD. Dated 15-12- 1987".
3. Issue of Community Certificate to Scheduled Caste / Scheduled Tribe will be regulated by Act II of the Kerala (Scheduled Caste & Scheduled Tribe) Regulation of Issue of Community Certificate Act 1996.
4. Certificate to persons belonging to Malai Arayan Community (S.T) converted to Christianity should be in this form.

DETAILS OF CERTIFICATES / DOCUMENTS SUBMITTED ALONG WITH THE APPLICATION FORM AS PER CLAUSE VIII (b) OF THE PROSPECTUS (WRITE 'YES' OR 'NO'. IF NOT APPLICABLE, WRITE "NA")

- | | |
|--|--------------------------|
| a) Copy of the pass Certificate for M.B.B.S. | <input type="checkbox"/> |
| b) Copies of mark sheets of all the 3 years of M.B.B.S. Examination | <input type="checkbox"/> |
| c) Copy of Compulsory Rotating Resident Internship (C.R.R.I.) Certificate. <u>Refer to Clause 2 (a) and Clause VIII (b) (ii) of the Prospectus.</u> | <input type="checkbox"/> |
| d) <i>Copy of Certificate of recognition in the case of candidates who have passed M.B.B.S from Universities outside Kerala.</i> | <input type="checkbox"/> |
| e) Copy of Certificate to prove the date of birth. | <input type="checkbox"/> |
| f) Certificate to prove Nativity (<i>to be obtained in page No. 3 of the Application form</i>) | <input type="checkbox"/> |
| g) Certificate to prove Community - <u>in the case of SC/ST Candidates.</u> <i>(Page no. 4 of the Application Form)</i> | <input type="checkbox"/> |
| h) Certificate from Zilla Sainik welfare Officer, obtained not later than 6 months, in case of Candidates Claiming Ex-servicemen Quota, as per Clause VII (b) of the Prospectus. | <input type="checkbox"/> |
| i) Demand Draft for the Application Fee paid . | <input type="checkbox"/> |

INSTRUCTIONS TO FILL IN THE APPLICATION FORM

- 1) Please read the Prospectus carefully before filling in the application form.
- 2) The application form is common for all categories of candidates writing the Entrance Examination.
- 3) Application Form for candidates applying under service quota is given in the prospectus - 2004 as **Annexure VII(a) & Annexure VII(b)** and can be obtained by downloading it from the website of the Commissioner for Entrance Examination.
- 4) The examination will be held at Thiruvananthapuram (TVM), Ernakulam (EKM) and Kozhikode (KKD). The candidate should select his/her center of the Examination by putting a 'tick mark' [✓] in the box given against the code of the center of the examination, given on the top of the Application form.
- 5) Please affix your photos in two places. One on page 1 of the application form and the other one on the Invigilator's Copy of the Admit Card, in the space provided. Candidate should retain another copy of the same photograph to be pasted on the candidate's copy of the Admit Card, which will be sent later to all eligible candidates by the Commissioner. All the photographs should be identical. The candidate should sign on all the photographs with signature, half on the photograph and half on the application.
- 6) Nativity Certificate should be obtained on page No.3 in the body of the application itself.
- 7) **Community Certificate** should be obtained on page No. 4, of the Application Form by **SC/ST** candidates.
- 8) Please attach a self-addressed envelope of size 22cm x 10 cm. with Rs. 10 stamp affixed on it for sending the Admit Card.
- 9) Application duly filled in together with the *Demand draft* towards fees remitted and all other documents specified in Prospectus should be forwarded to the **Commissioner for Entrance Examinations, Housing Board Buildings, Santhi Nagar, Thiruvananthapuram - 695001** so as to reach him before the time and date notified.
- 10) Service candidates should remit the application fee in the Treasury, under the Head of Account '0210-03- 105-99'. They should forward the application form, Chelan receipt and necessary documents, to the Director of Health Services/Director of Insurance Medical Service/Director of Medical Education/Director of Municipal Administration (together with a photocopy of the same), as the case may be. However, if they are applying for open quota seats, they should make the remittance as required for General merit candidate and forward separate application form to the Commissioner for Entrance Examinations.
- 11) Incomplete/defective/delayed applications will be rejected summarily.

GOVERNMENT OF KERALA
OFFICE OF THE COMMISSIONER FOR ENTRANCE EXAMINATIONS
Housing Board Buildings, Santhi Nagar, Thiruvananthapuram – 695 001

**ENTRANCE EXAMINATION FOR ADMISSION TO
POST GRADUATE MEDICAL (DEGREE / DIPLOMA) COURSES, KERALA -2004**

ADMIT CARD (Invigilator's Copy)

Roll No.
(To be given by the office)

<p>Name (in BLOCK letters)</p> <p>Complete postal address (in BLOCK letters)</p> <p>Signature of the candidate</p>	<p>(To be filled by the Candidate)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Pin Code <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table></p> <p>.....</p>							<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"><p><i>Please paste a recent photograph of the candidate.</i></p><p><i>Candidate should sign over the Photograph with signature, half on the photograph and half on the Admit Card</i></p></div> <p><i>Note : The photographs in application form and the admit cards should be identical</i></p>

Instructions to the Invigilators

1. They should check the identity of the candidates with the photograph in the Admit Card.
2. They should see that, the signature of the candidate affixed in the attendance sheet is the same as in the Admit Card.

**APPLICATION FOR ADMISSION TO FOR ADMISSION TO
POST GRADUATE MEDICAL (DEGREE / DIPLOMA) COURSES, KERALA -2004**

COMPUTER DATA SHEET

(To be returned with the Application Form)

Roll Number	
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(To be filled in by the Office)

INSTRUCTIONS FOR FILLING UP THE COMPUTER DATA SHEET

- Note :** (i) Read the instructions given below for filling the Data Sheet correctly.
(ii) Please insert one letter / number in a box.
- Boxes 1 – 23 : Write your name beginning from Box 1 and your initial(s) at the end of your name leaving one Box blank after name.
- Boxes 24 – 31: Write your date of birth.
- Boxes 32 – 33: Write your age in completed years *as on the last date of receipt of application form*
- Boxes 34 – 41: Write the TOTAL marks secured and MAXIMUM Marks of the M.B.B.S. Examination
(All the four years together)
- Boxes 42 – 43: If you claim reservation under *Scheduled Castes* or *Scheduled Tribes* Communities, write 'SC' or 'ST' or else write 'GM' (*General Merit*)
- Boxes 44 - 45: Write 'EX' if Ex-serviceman, 'DJ' if Dependent of Jawan killed in action, write 'DE' if Dependent of Ex-serviceman or else write 'NA'.

Name in Capital Letters – Initials at the end of name																						
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23

Date of Birth							
Day		Month		Year			
24	25	26	27	28	29	30	31

Age	
32	33

Marks of M.B.B.S Examination							
Marks Secured				Maximum Marks			
34	35	36	37	38	39	40	41

Community Reservation	
42	43

Ex-servicemen Quota	
44	45

Name & Full Postal Address (With pin code)						
						
						
						
						
Telephone Number	Pin Code <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
.....							

Place:

Date:

Signature of the Candidate: