

Malabar Medical Collage Hospital & Reserch Centre (A unit of Sree Anjaneya Medical Trust)

> Phone : 091 496270 1800 Email : ao@mmchospital.in Ulliyeri, Kozhikkode 673 323, Kerala. India

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APPLICATION FORM

Course	applied for:						
Name (As in 10 Certificate):							
Aadhar	no:	Age/Ge	nder:		Date of birth:		Photo
Nationa	ality:	Blood Gr	oup:		Religion :		
Caste :	Caste: Marital s			atus			
Name o	Name of Parent/Guardian:			Name of Mother:			
Occup	Occupation:			Annual Income:			
Perman	nent Address :						
		Pho	one No. with	STE	code:		
Addres	s to which communication i	s to be se	nt :				
Parent's	s Mobile No. (1).				(2).		
Email II	O of Parent: (1).				(2).		
Student	Student Mob no. :			Email ID:			
Educat	ional Profile	ı					
SI.NO	Qualifying Examination		Name of the	Воа	ard	Year of Passing	% of marks
1.	SSLC/Equivalent						
2.	Higher Secondary/Equiva	alent					
3.							
Anti Ragging Undertaking reference number obtained after online submission in KUHS website							

Details of Marks obtained in Higher Secondary Examination								

Subjects	Mark obtained	Maximum mark	Percentage of marks obtained
English			
Physics			
Chemistry			
Blology			
Total of Physics, Chemistry & Biology			

Declaration by the Applicant

I do hereby declare that the information furnished above are true and correct to the best of my knowledge and belief.

Place:	Name & Signature of applicant:
Date :	

Declaration by the Parent/Guardian

I hereby confirm having read the above Information given by my ward and declare that the same are true and correct.

Place:	Name & Signature of Parent/Guardian:
Date :	

NB.

- 1. Please fill Block Letter only.
- 2. columns not applicable needs be mentioned 'NA'

	FOR OFFICE USE ONLY				
1.	KUHS Online Basic Entry - Temp ID No.				
2.	CEE Online Entry				
3.	MCI Online Entry				
	status	Registered / Not Registered			

Admission Status	Approved	Pending	Rejected
Aumission Status			

Principal