

GOVERNMENT MEDICAL COLLEGE, IDUKKI MBBS 2026-27 BIODATA PROFORMA

Date:

AFFIX RECENT
PASSPORT SIZE
PHOTO

Admission Quota (SQ./AIQ./Nominee)

Admission Category:

Name of the Candidate: _____

Expansion of Initials (if any)___

Gender: Male Female

Blood Group:

Nationality: _____

Date of Birth (DD/MM/YYYY): _____ Place of Birth: _____

Religion:

Caste:

Aadhar No: _____ Nativity

Category: Kindly mark Tick (✓) against the relevant boxes	G	EZ	MU	BH	LC	KU	EWS	SC	ST	O	AI	O	P
	E									B		E	H
	N									C		C	
Sub Quota	XA	DK	DA	DH	NQ	SP	Specify if any other						
Permanent Address with PIN Code:						Address for Communication with PIN code:							
Mobile No.(Student):						Email ID: (Student)							
Details- Parents:	Father				Mother				Local Guardian				
Name:													
Qualification:													
Occupation:													
Mobile No.													
Email ID													
Aadhar No.													

NEET Details					
NEET Roll #					
Maximum Marks NEET 2026					
Marks Obtained - NEET-2026					
NEET Percentage:					
NEET Percentile:					
Rank Obtained – NEET-2026					
Rank Obtained - KEAM-2026					
Qualifying Examination	Institution	Board	% of Marks	Registration No.	Year of Passing
SSLC/X th Level					
Plus 2 / XII th Level					

Are you Person with Disability	Yes	No	If Yes, specify disability type and %
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Are you willing to participate in the next allotment rounds	Yes	No
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Declaration by the Candidate

Details mentioned above are true to the best of my knowledge and belief.

I....., the undersigned, as a student of the Government Medical College, Idukki 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 those 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 Govt. of Kerala or the Principal, for the time being of Government Medical College, Idukki for the due maintenance of discipline at the said Medical College.

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.

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.

In witness where of I have hereunto set my hands on this day..... at Govt. Medical College, Idukki. I hereby declare that I will submit the following documents within the prescribed time as per norms of DGHS/NBE/DME/CEE/MCC/NMC. 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 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.

List of pending documents

Signature with name and date of the student:

Signature with name and date of Parent / Guardian:

Details of fee paid at college (fee receipt number and date):

Verified	Counter checked	Admitted
Clerk	Senior Superintendent	Principal