



**DR.SOMERVELL MEMORIAL C S I MEDICAL
COLLEGE & HOSPITAL
KARAKONAM, THIRUVANANTHAPURAM 695504**

Affix photo

BIODATA OF MBBS STUDENT'S

Name of student (in block letters)						
Expansion of Initials						
Date of Birth		Gender		Blood group		
Religion			Caste			
Sub Category			If SIUC Church name			
Category under which admission is secured	(Minority/govt/NRI)	Allotment Category				
Nativity		Nationality		Physically Handicapped	(yes/No)	
Aadhar No.						
Qualifying Examination	Studying Institution	Name of Board	% of Marks	Registration No.	Year of Passing	
SSLC/10 th						
Plus 2 / 12 th						
Any Other Qualification						
Qualifying Examination	Subject	Marks Obtained	Maximum Marks	%	KEAM DETAILS	
Plus 2 / XII th	English				Roll Number	
	II Language				Rank	
	Mathematics/.....				NEET DETAILS	
	Physics				Roll Number	
	Chemistry				Application No	
	Biology				Mark	
	Total (PCB):				Rank	
	Total Mark of				Percentile	

	+2					
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Migration certificate No. if any		Eligibility certificate No. if any	
Father name and occupation			
Mother name and occupation			
Name of other Family members			
No	Name		Occupation
1			
2			
Permanent Address of applicant with pincode		Communication address of applicant	
District		State	
Phone Number of Student		:	
Phone Number of parents/Guardian			
Father			
Mother			
To be Filled by the Parent Whether the candidate is under any medication (thyroid, epilepsy, diabetics etc if other please specify)			
Signature of Guardian		Signature of Student	
Date of Admission		Admission No.	