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| | **Subject** | | Affix your photo |
| | **DR.SOMERVELL MEMORIAL C S I MEDICAL COLLEGE KARAKONAM, THIRUVANANTHAPURAM – 695504 BIODATA OF PG STUDENT'S 2025 -26 Batch** | | |

(Fill up the columns carefully, Use √ marks where ever necessary)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Name of student (in block letters) | | | | | | | | |
| **Expansion of Initials** | | | | | | | | |
| Age | Date of Birth | | | Sex | M | F | Blood Group | |
| Religion | | Caste | | | | | Category | |
| Nativity | | | Nationality | | | | | |
| Name of qualifying Course | | | | | | | Year of passing | |
| **Register No. of qualifying exam.** | | | Grade / Division in qualifying exam | | | | | |
| Total Marks secured in MBBS examination | | | Percentage of Marks | | | | | |
| Name of Institution (qualifying course) | | | | | | | | |
| Name of University | | | | | | | | |
| MBBS Registration Council | | | Council Registration No | | | | | |
| Migration certificate.(if any) | | | Eligibility certificate. (if any) | | | | | |
| Category under which admission is secured | | | Minority / NRI / Govt./ Others | | | | | |
| NEET Roll No. | | | NEET Rank | | | | | |
| NEET Mark | | | NEET Percentage | | | | | |
| CEE Roll No. | | | CEE Rank | | | | | |
| Aadhar Number | | | | | | | | |
| CRRI / CRMI Complete date | From | | To | | | | | |
| Extra Curricular Activities | | | | | | | | |

| | |
|---|---|
| Name and occupation of Father | |
| Name and occupation of Mother | |

| Name of Other Family Members | | |
|---|---|---|
| No | Name | Occupation |
| | | |
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| Permanent Address of Applicant with Pin Code | Communication Address of Applicant with Pin Code |
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| Country | | State | | District | |
|---|---|---|---|---|---|

| Phone No. of | **Student** | **Guardian** |
|---|---|---|
| Residence: | | |
| Mobile No. | | |
| Email ID | | |

| Signature of Student | | Signature of Guardian | |
|---|---|---|---|
| Date of Admission | | Admission No. | |