	Subject	
	DR.SOMERVELL MEMORIAL C S I MEDICAL COLLEGE KARAKONAM, THIRUVANANTHAPURAM – 695504 BIODATA OF PG STUDENT'S 2026 - 27 Batch	Affix your photo

(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	
Total Marks in MBBS			Total Marks secured in MBBS examination					
Grade /Division in qualifying exam			Percentage of Marks					
Name of Institution (qualifying course)								
Name of University								
MBBS Registration Council			Council Registration No. with Date					
Migration certificate.(if any)			Eligibility certificate. (if any)					
Category under which admission is secured		Govt./ Minority / NRI / Others						
NEET Roll No.		NEET Rank						
NEET Mark		NEET Percentage						
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

Permanent Address of Applicant with Pin Code	Communication Address of Applicant with Pin Code

Country		State		District	

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

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