



DR.SOMERVELL MEMORIAL C.S.I. MEDICAL COLLEGE

KARAKONAM, THIRUVANANTHAPURAM – 695 504

Contact No.: 04712252451 , Email ID: academics@smcsimch.ac.in

Web site : www.smcsimch.ac.in

M.B.B.SADMISSION SLIP,

| | | | |
|------------------------------------|---|--------------------------------|--|
| Name of Candidate | | | |
| Roll Number | | | |
| Documents produced in Original | | | |
| 1. Allotment Memo | | | |
| 2. Fees Receipt | | | |
| 3. NEET Admit Card | | | |
| 3. KEAM data sheet | | | |
| 4. NEET Score sheet | | | |
| 5. S.S.L.C.(DOB) | | | |
| 6. Plus Two certificates | | | |
| 7. Migration | | | |
| 8. T.C. | | | |
| 9. Conduct Certificate | | | |
| 10. Medical Fitness | | | |
| 11. Aadhaar | | | |
| 12. Caste | | | |
| 13. Photos (5nos) | | | |
| 14. Eligibility | | | |
| 15. Affidavit | | | |
| 16. NRI certificate | a | Sponsorship | |
| | b | Employment | |
| | c | Copy of passport | |
| | d | Embassy seal & NRI certificate | |
| | e | Relationship | |
| 17. 2 set photocopies of the above | | | |
| Date of admission | | | |

PRINCIPAL