

DR.MOOPEN'S MEDICAL COLLEGE, WAYANAD

BIODATA

CATEGORY: MERIT NRI

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1. Name of the Applicant :
2. Name of the Parent/Guardian & relationship with the applicant :
3. Date of Birth (DD/MM/YY) :
4. Age :
5. Gender :
6. a) Religion & Community/Caste :
- b) Whether SC/ST/OBC/Others :
7. Permanent Address:

Present Address
(Address for Communication):

8.

9. E-mail ID (Must be active) :
10. Phone Number (with STD code) :
11. Mobile Number (WhatsApp) :
12. Mobile Number (Voice Call) :
13. Father's Name :
14. Father's Occupation :
15. Father's Designation & Name of office (if in Govt: Service) :

16. Father's Mobile No :
 17. Mother's Name :
 18. Mother's Occupation :
 19. Mother's Designation & Name of office (If in Govt. Service) :
 20. Mother's Mobile Number With E-mail ID :
 21. Annual Family income :
 22. Details of Qualifying Examination :

Qualifying Examination	Register No.	Year of Passing	Name of College

23. Marks obtained in Qualifying Exam

Examinations	Year of Passing	Reg. No.	No. of Attempt	Mark Scored	Maximum Marks	% of Marks
I MBBS						
Anatomy						
Physiology						
Biochemistry						
II MBBS						
Pharmacology						
Pathology						
Microbiology						
Forensic Medicine						
III MBBS Part - I						
ENT						
Ophthalmology						
Community Medicine						

III MBBS Part - II						
General Medicine						
General Surgery						
OBG						
Pediatrics						

24. Details of NEET (PG) 2023 :

a) Roll No. :

b) Marks obtained in NEET :

c) All India Rank :

d) KEAM Rank :

25. Joint Declaration by the Applicant & Parent :

We.....(Applicant)&
(Parent/Guardian) do hereby declare that all the information furnished above are true and correct and we will obey the rules and regulations of the institution, if admitted. We promise to submit all certificates and documents in original at the time of admission failing which admission will be liable for cancellation.

Name & Signature of the Applicant

Name & Signature of the
Parent/Guardian

Place :

Date :