

DR.MOOPEN'S MEDICAL COLLEGE, WAYANAD

KUHS - Students Registration Proforma

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1. Name of Student
(As in the 10th Certificate) :

Initials Expand if any :

Course :

Department :

2. Entrance Examination Details :

Name of Entrance Examination	Authority	Reg. No.	Rank No.	Marks Obtained	Year	Admission Quota
NEET PG	NBE					
KEAM PG	CEE, Kerala					

3. Personal Details :

Gender		Address for Communication (House Name/No, Place, Post Office)				
Date of Birth						
Blood Group						
Name of Parent/ Guardian						
Aadhaar Number						
Mobile Number						
Email ID						
Category		District				
Religion		State				
Caste		Pin Code				
Nativity		Nationality				

4. Details Qualifying Examination :

Name of Qualifying Examination	Reg. No.	Year	% of Total Marks Obtained in final MBBS	% of Total Marks in Final MBBS	Grade / Division	University / Board

5. Other Details :

1. Migration Certificate No. :
2. Equivalence Certificate No. :
3. Council Registration No. :

6. Internship :

Period From	Period To	Name Address of Institution

Date :

Name and Signature of the Candidate: