



Jubilee Mission Medical College & Research Institute

Jubilee Mission Hospital Trust - Archdiocese of Trichur

P.B. No. 737, Bishop Alapatt Rd., Jubilee Mission PO, Thrissur East - 680 005,
Kerala, India

Tel: +91-487-2432200, 2461000, 2462000, 2462441 (Principal), 2421885 (Office
Supdt.)

www.jmmcri.org | principal@jmmc.ac.in jm@jmmc.ac.in

Admission - Medical PG (MD/MS) 2022-23 – General Instructions

- All the candidates who are allotted to Medical Post Graduate (MD/MS) courses at Jubilee Mission Medical College, Thrissur shall **report at the College Office on the ground floor of the Academic Block (Gate-01) on 23.11.22, 24.11.2022** (8.30 am to 1.00 pm).
- In the context of the Covid 19, **kindly restrict the number of persons attending the college admission process to two per student**. Kindly wear a surgical mask / N95 mask & avoid crowding at the college office premises.
- Make print-outs of the various admission forms** published along with this instruction **on one side of the A4 sheet and fill them up from your home**, so that admission process at the college can be completed faster. **Only those students who require resident hostel admission** need to fill up the concerned form. Students are requested to bring a stamp paper worth Rs. 200/- or 500/- (Single paper) for affidavit
- A **check list of all the documents** to be submitted at the time of admission is attached along with this instruction. Arrange your relevant documents in the same order as in the check list, so that verification of the documents can be completed without delay. **Two additional sets of all documents photocopied and self-attested** by the student shall also be brought ready from home. Please note that **the copy of the PAN CARD of parent shall be self-attested by the parent himself/herself**. The **NRI documents** shall be in compliance with GO (Rt) No. 375/2020/H & FWD dtd. 22.02.2020 and CEE/ 1100/PGM-2021/TA4 dated 29.09.2021 (refer CEE website for details).
- Eight Passport size colour photographs** and **Two stamp size colour photographs** laminated on front side shall be enclosed in an envelope with the name of the student written on the envelop.
- All should bring the advance fee receipt (Institutional Copy) made to CEE at the time of allotment.**

- Fees as detailed below for the first year course** including hostel (if applicable) shall be paid at the time of admission as **Demand Draft in favor of Jubilee Mission Medical College payable at Thrissur deducting amount paid to CEE if any**. Last year's fee structure only is given below. Students are requested to pay fee for the year 2022 fixed by AFRC/Government as applicable. An affidavit shall be signed at the time of admission that the additional fees if any shall be paid within one month of order. in case of RTGS payment):

A/C Name: **Jubilee Mission Hospital Trust**

A/C No.: **0368081000000110**

Bank: **South Indian Bank Ltd.**

Branch: **Thrissur East Fort**

IFSC Code: **SIBL0000368**

7.

FEE STRUCTURE – Medical PG (MD / MS) - 2021 Admission Batch					
Particulars	1 st Year Instalment	2 nd & 3 rd , Yr. Instalments	Particulars	1 st Year Instalment	2 nd & 3 rd , Yr. Instalments
Annual Tuition Fees Clinical Subjects	15,75,000/-	15,75,000/-	Annual Resident Hostel Fees	36,000/-	36,000/-
Non-Clinical Subjects	9,56,250/-	9,56,250/-			
N.R.I. Category Seats	35,00,000/-	35,00,000/-			
College Caution Deposit (Refundable)	10,000/-	-	Hostel Caution Deposit (Refundable)	10,000/-	-
Annual Special Fees	63,329/-	52,755/-			

- Visit the college website www.jmmc.ac.in for any updates on joining college after allotment. For admission related inquiry either contact by e-mail: admission2021@jmmc.ac.in or 0487-2421885, Mob.in emergency 9446146921 (Senior Office Supdt.)

Director

Principal

Jubilee Mission Medical College & Research Institute



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Admission MEDICAL P.G. 2022-23 – Biodata Form

(Fill up the Form in BLOCK CAPITAL LETTERS)

Name of the Student: (As in SSLC Book)																					
Expansion of Initial (if any)																					
Course Allotted:																					
Category of Admission:																					
Date of Admission:												Gender :									
Date of Birth:												Age:									
Place Birth & Nationality:																					
Aadhaar No:												Blood Group:									
Religion:						Caste :						Community:									
Category: Kindly mark Tick (v) against the relevant boxes		S M	S C	ST	EZ	M U	B H	LA	D V	V K	B X	K U	K N	OB C	NR I	P H					
Permanent Address with PIN Code										Address for Communication with PIN code											
Mobile No (Student):												Email ID:									
Details-Parents:		Guardian / Father / Spouse										Guardian / Mother / Spouse									
Name:																					
Qualification:																					

Occupation:		
Mobile:		
Email ID:		
PAN No:		
Name Local Guardian, if any:		
Relationship with Student:		
Address of Local Guardian:		
Mobile No. of Local Guardian:		

Details of Under Graduate (MBBS) Education:

Name of the College of MBBS course:																		
Name of the University of MBBS study:																		
Registration No. & Year of successfully completing MBBS Course:																		
Total Percentage of Marks for MBBS:																		
Name (s) of Institutions where Internship (CRRI) was completed:																		
The Period of Internship:	From:	D	D	M	M	Y	Y	Y	Y	To:	D	D	M	M	Y	Y	Y	Y
Registration No., Year & Name of (State) Medical Council Registered :																		
T.C.M.C. Registration No. & Year :																		

Marks Obtained in Qualifying Examination (MBBS):

Phase	Semesters	Subjects	Marks Obtained	Maximum Marks	% of Marks	No. of Chances
Phase I I MBBS	I & II	Anatomy				
		Physiology				
		Biochemistry				
Phase II II MBBS	III, IV & V	Pharmacology				
		Pathology				
		Microbiology				

		Forensic Medicine				
Phase III III MBBS Part 1	VI & VII	Ophthalmology				
		Oto-rhino-laryngology (ENT)				
		Community Medicine				
		General Medicine				
Phase IV III MBBS Part 2	VIII & IX	General Surgery				
		Obstetrics & Gynecology				
		Pediatrics				
		TOTAL				

Details of Additional Qualifications, if any:

Name of Additional Qualification:	
Name of the Institution & Board / University:	
Total Percentage of Marks Obtained:	
Registration No., Year & Name of (State) Medical Council, where additional qualification is registered :	

Details of Entrance Test Qualified (NEET PG - 2022) :

NEET Roll No	NEET Application No	Total Marks Obtained (Out of 720)	Total Percentile Score Obtained	NEET - All India Rank	KERALA CEE Application No	KERALA State PG Medical Open Merit Rank

Migration Certificate No. (if Applicable):	
Eligibility / Equivalency Certificate No. (if Applicable):	

Declaration by Student

I,..... (name of the student) admitted to Jubilee Mission Medical College & Research Institute, Thrissur for Medical PG course in (name of the course) declare that all the information given above are true and correct to the best of my knowledge and belief.

I hereby further agree to the Director and the Principal of Jubilee Mission Medical College & Research Institute, Thrissur and their successors and assignees to

confirm from this date to abide with the rules and regulations of the Institution, including the rules and regulations of the resident hostel, if I am admitted there to, laid down or to be laid down hereinafter by the Principal / the Director from time to time.

Miss / Mr. / Mrs.
being a student of the Jubilee Mission Medical College hereby assure for the due
maintenance of discipline at the institution.

I further agree with the Principal and the Director of Jubilee Mission Medical College & Research Institute and their assignees to make good when called upon to do so by the College any damage to infrastructure, furniture, apparatus or other things which may be caused by my carelessness, negligence or wantonness or my part.

I hereby agree to pay all the fees due to college and hostel in time and also agree to pay all the other fees as notified by University or competent authorities from time to time.

The admission granted to Medical PG course at Jubilee Mission Medical College is provisional and is subject to the final approval of Kerala University of Health Sciences (KUHS), Admission and Fee Regulatory Committee for Professional Colleges, Kerala and the National Medical Commission (NMC).

Place:

Date : _____ **Name & Signature of Student** _____ **Name & Signature of Guardian** _____

FOR OFFICE USE ONLY

Verified & Remarks:**Final Remarks / Orders by the Principal:**

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Name of the Student:	
Name of PG Course:	Category of Admission:
Date of Admission:	Admission Register No:

Medical PG 2021 – Check List of Documents to be submitted at the time of admission

Sl	Particulars of Documents	Yes/No	Remarks
1	Allotment Memo issued by CEE (Copy of printout from CEE website)		
2	Receipt of Fees remitted to CEE (Copy of as specified in allotment memo)		
3	Candidates Data Sheet - 2021		
4	Admit Card of NEET - PG-2021 (Copy of printout from website)		
5	Score Card of NEET - PG-2021 (Copy of printout from website)		
6	S.S.L.C. Certificate / Mark Sheet (&/or Proof of Date of Birth & official name)		
7	Plus Two / Equivalent - Mark Sheet		
8	First Professional MBBS - Mark Sheet		
9	Second Professional MBBS – Mark Sheet		
10	Third Professional MBBS Part I – Mark Sheet		
11	Third Professional MBBS Part II – Mark Sheet		
12	Attempt Certificate - MBBS		
13	Internship Completion Certificate (CRRI)		
14	University Degree Certificate		
15	Medical Council Registration Certificate (TCMC)		
16	Course & Conduct Certificate from the Institution last attended		
17	Transfer Certificate (T.C.) from the Institution last attended		
18	Copy of NMC/MCI approval of your college where you studied		
19	Migration Certificate, if applicable		
20	Eligibility / Equivalency Certificate, if applicable		
21	SC / ST / OEC Certificate, if applicable (Non creamy layer/ Income Certificate) / Community Certificate from Revenue Authorities, if applicable		
22	Copy of Aadhaar Card of student (Photo ID proof)		
23	Copy of Pan Card of Guardian (who pay fees for student-as per Income Tax rules)		
24	Additional Qualification, Mark Sheet, Certificate & TCMC registration, if applicable		

25	Originals of any other documents/certificates uploaded with the Medical PG online application to CEE (specify the document/s)		
26	Any other documents required in the allotment Memo / Notification of CEE (specify the document/s)		
27	Passport Size Photo (08 nos.) & Stamp size Photo laminated on front side (02)		
28	Documents to be submitted by N.R.I. category students only:		
	(a) Copy of Passport of Sponsor (attested by the Indian Embassy or consulate)		
	(b) Employment Certificate of Sponsor (attested by the Indian Embassy or consulate)		
	(c) Certificate clearly establishing relationship of sponsor & student from Revenue Authorities		
	(d) Sworn affidavit from Sponsor in Rs.200/- stamp paper, notarized by Notary Public, in the prescribed format		
29	TWO additional sets of all the above 28 documents (those applicable to the student) self attested by himself / herself.		

Office Supdt.

**Academic Section
Principal**

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Application for Admission to Resident Hostel

(Fill up the Form in BLOCK CAPITAL LETTERS)

Name of the Student: (As in SSLC Book)													
Date of Birth:										Age:			
Year of Admission:												Gender:	
Year / Period of Study:	JR 1 / <u>JR 2</u> / JR 3 / SR 1 / <u>SR 2</u> / SR 3												
Hostel Caution Deposit: (Amount, Receipt No. & Date)													
Mobile No (Student):										Email ID:			
Contact Details:	Permanent Address										Contact Address (Guardian/Parent/Spouse)		
Name:													
Address:													
Mobile:													
Email ID:													
Name Local Guardian, if any:													
Relationship with Student:													
Address of Local Guardian:													

**Mobile No of Local
Guardian:**

Declaration by Student

I, a student of Jubilee Mission Medical College & Research Institute, Thrissur declare that I bind myself, if admitted to the hostel, to abide with the Rules and Regulations of the hostel in force and are framed from time to time to help the hostel authorities in the maintenance of good conduct and discipline, to set a good example, to pay my dues punctually and not to leave the hostel unless permitted or directed by the Principal to do so.

Date :

**Name &
Signature of Student**