



# Jubilee Mission Medical College & Research Institute

## Jubilee Mission Hospital Trust - Archdiocese of Trichur

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

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

www.jmmc.ac.in | E mail:jm@jmmc.ac.in,Admission@jmmc.ac.in

## Admission - Medical PG SS 2023-24 – General Instructions

1. All the candidates who are allotted to PGSS courses at Jubilee Mission Medical College, Thrissur shall **report at the College Office on the ground floor of the Academic Block (Gate-01)**
2. Kindly wear a surgical mask / N95 mask for your protection& avoid crowding at the college office premises.
3. **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.
4. A **check list of all the documents** to be submitted at the time of admission is attached along with this instruction. Make a print-out of the check list and arrange your relevant documents in the same order, 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.**
5. **Eight Passport size color photographs** and **Two stamp size color photographs** laminated on front side(Wax coating) shall be enclosed in an envelope with the name of the student written on the envelop.
6. **All should bring the advance fee receipt (Institutional Copy) made to MCC at the time of allotment.**
7. **Fees as detailed below for the first year course** including hostel shall be paid at the time of admission as **Demand Draft in favor of Jubilee Mission Medical College OR RTGS, Produce Receipt with UTR No. if RTGS**

A/C Name: **Jubilee Mission Hospital Trust**A/C No.: **0368081000000110**

Bank: **South Indian Bank Ltd.**

Branch: **Thrissur East Fort**

IFSC Code: **SIBL0000368**

FEE STRUCTURE – Medical PG (MD / MS) - 2021 Admission Batch					
Particulars	1 <sup>st</sup> Year Instalment	2 <sup>nd</sup> & 3 <sup>rd</sup> , Yr. Instalments	Particulars	1 <sup>st</sup> Year Instalment	2 <sup>nd</sup> & 3 <sup>rd</sup> , Yr. Instalments
<b>Annual Tuition Fees</b> Clinical Subjects	3,00,000/-	3,00,000/-	<b>Annual Resident Hostel Fees</b>	36,000/-	36,000/-
<b>Admission Fee &amp; Registration fee</b>	5000/-	0			
<b>College Caution Deposit (Refundable)</b>	10,000/-	0	<b>Hostel Caution Deposit (Refundable)</b>	10,000/-	0
	3,15,000/-	3,00,000/-		46,000/-	36,000/-

8. Visit the college website [www.jmmc.ac.in](http://www.jmmc.ac.in) for any updates on joining college after allotment. For admission related inquiry either contact by e-mail: [jm@jmmc.ac.in](mailto:jm@jmmc.ac.in), [admission2021@jmmc.ac.in](mailto:admission2021@jmmc.ac.in) or 0487-2421885/9446146921 (Office Supdt.)\No update is available in website at 1resent

<b>SEATS AVAILABLE</b>	<b>DM Cardiology 3</b>	<b>DM Neurology 4</b>
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Director

Principal

# Jubilee Mission Medical College & Research Institute

Jubilee Mission P.O. East Fort, Thrissur-68005, Kerala, India/Website: [WWW.jmmc.ac.in](http://WWW.jmmc.ac.in)

Tele: +914872432200, 2462000, 2461000 Fax:914872421864 | E-Mail [jm@jmmc.ac.in](mailto:jm@jmmc.ac.in)

Admission Contact: [admission2021@jmmc.ac.in](mailto:admission2021@jmmc.ac.in) +914872421885, 9446146921 (Office Supdt.)

## Admission to PG Super Specialty Medical Course 2023- BIODATA

(Kindly fill up all columns in capital letters only. No. columns shall be left blank)

Name of Applicant as in SSLC	
Name Expanded	
Course to which Allotted	
Category of Admission	
Date of Admission	

Affix  
Passport  
Size  
Photograph

Age & Date of Birth in Christian Era	
Blood Group	
Gender	
Place of Birth/Nationality	
Category/Religion & Caste	
Name of Father. If Guardian relationship	
Occupation of Father	
Name & Occupation of Mother	
Nam of the Spouse if married	
Permanent Address with PIN Code	
Address for Communication Hose Name, Street, District, Pin Code	
Telephone Number with STD Code	
Mobile No.	
E-Mail Address	
Aadhar Number	
PAN Number	

Name of Medical College where the student appeared for MBBS	
Name of University where the student appeared for MBBS	
Registration Number & Year of passing	
Total percentage of Marks	
Name & address of the Institution where the student completed internship (CRRI)	
Period of internship	From ... / .... / ..... To .... / ..... / .....
Name of the Medical Council Registered	
Registration Number & date of registration	
Diploma if applicable	
Name of College appeared for Diploma	
Name of the University	
Percentage of Marks	
Name of the Medical Council Registered	
Registration Number & date of registration	

Name of College where appeared for MD/MS	
Name of University where from PG qualified	
Register Number & year of passing Exam	
Marks obtained for PG exam	
Name of Council Registered after PG	
Registration Number & Date	

Details of Entrance Test qualified

Roll No/Application ID	All India Rank	Marks Obtained	Total Marks	Rank

We hereby declare that the details given above are true and correct to the best of our knowledge and belief.

Name & Signature of student  
Date:.....

Name & Signature of Parent  
Date:.....

### DECLARATION

- I,..... The under signed, a student admitted to Jubilee Mission Medical College & Research Institute, Thrissur for DM Course in ..... Hereby agree with the Principal, his successors and assignees to

confirm from this date to the Rules and Regulations including those related to the hostel (If I am admitted there to ) laid down or to be laid down hereinafter by the Principal for the time being of the Jubilee Mission Medical College & Research Institute for the maintenance of discipline at the said institute.

2. I further agree with the said Principal, his successors and assignees to make good when called upon to do so to Jubilee Mission Medical College & Resarch Institute, Thrissur any damage to furniture, apparatus or other things which may be caused by ny carelessness, negligence or wantonness on my part.
3. I further agree that in case it is found that I have secured admission by adopting or resorting to fraudulent means my admission will be cancelled and my name will be removed from the rolls.
4. In witness thereof I have here in set my hands on this ..... day of .....  
Two thousand and..... .

Name & Signature of the student

Signed the above in the presence of

(Name & signature of parent / Guardian)

Address :.....

.....(pin).....

Mobile:

E Mail:.

..... **Details of Bank Transfer of Fees**.....

Amount	Date of Transfer	Bank of Transfer
Name of Account Holder	Name of student	UTR Number

UNDERTAKING BY THE STUDENT AND GUARDIAN AS PER PROVISIONS OF ANTI-RAGGING VERDICT OF THE HON'BLE SUPREME COURT OF INDIA.

I, ..... a student joined for DM course in ..... at Jubilee Mission Medical College & Research Institute, Thrissur do hereby undertake on this ..... day of ....., two thousand and ..... The following with respect to the above subject and office order.

1. That I have read and understood the directions of the hon'ble Supreme Court of India on anti-ragging and the measures proposed to be taken in the above reference.
2. That I understood the meaning of ragging and know that the ragging in any form is a punishable offence and the same is banned by the Court of Law.
3. That I have not been found or charged for any involvement in any kind of ragging in the past. However, I undertake to face disciplinary action/ legal proceedings including expulsion from the Institute if the above statement is found to be untrue or to the facts are concealed, at any stage in future.
4. That I shall not report to ragging to any form at any place and shall abide by the Rules / Laws prescribed by the Courts, Government of India and the Institute authorities for the purpose from time to time.

.....  
Name & Signature of student

I hereby full endorse the undertaking made by my child/ward

Name & Signature of Parent/ Guardian

Name & Signature of witness:

**JUBILEE MISSION MEDICAL COLLEGE & RESEARCH INSTITUTE, THRISSUR****ADMISSION TO P.G. SUPER SPECIALTY COURSES 2023-24****DOCUMENTS SUBMITTED**

Name of Applicant	
Course to which joined	
Date of Admission	

Allotment Memo	
Admit Card of Entrance	
Score Card of Entrance	
Allotment Memo	
S.S.L.C. Certificate	
Plus Two Certificate	
M.B.B.S. Mark Sheets ( 4 Years)	
M.B.B.S. Degree Certificate	
Internship Certificate	
Attempt Certificate	
Diploma Certificate , if applicable	
PG Mark Sheet	
P.G. Certificate	
UG Registration	
P.G. Registration	
Transfer Certificate	
Course & Conduct Certificate	
Migration Certificate	
Equivalency Certificate if Applicable	
Document for claim if any	
Copy of Aadhar	
Dopy of PAN Card (From Account transferred)	
Photos 8 Nos. with one stamp size photograph laminated	
Any other Documents	

Two copies of all above documents self-attested shall be enclosed. All documents are mandatory

Kindly submit the documents in the above order

In Charge

Superintendent

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 / <del>JR 2</del> / <del>JR 3</del> / <del>SR 4</del> / <del>SR 2</del> / <del>SR 3</del>											
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 :  
Student

Name & Signature of