

APPLICATION FORM (SME PG COURSES)

How to fill the application form:

Candidates are requested to go through the Prospectus before filling the application form.

Candidates are instructed to download the forms for UG/PG course as applicable.

1. Item (2) write the name of the institution as seen in the prospectus
2. Item (1,4,5,7,8,9,10) make entries as shown in the S.S.L C book
3. Item No.14 – all the entries of the relevant columns should be made.
4. Filled in admission card should be sent and along with application, if the course selected has an entrance test by the University.
5. On the top of the envelope write the following – as the case may be- Name of the courses and subjects, whether NRI, Entrance Test, course opted for, reservation status etc.
6. Recent passport size photographs self attested by the candidate should be pasted. One on the application form and other on the admission card (if applicable).
7. Registration fee: Registration Fees of Rs.500/- to be paid along with the application form (Rs. 250/- only for SC/ST candidates). Those who seek admission to NRI quota should remit additional fee of Rs. 750/-. All fee payment should be through **State Bank Collect** link provided in the web site www.sme.edu.in or www.cpas.ac.in. The fee shall be paid using Credit/Debit card or Net Banking or at SBI with the challan generated from the online transaction. The receipt should be attached with the application form.
8. Item No.22 (for sponsored candidates) need to be filled in by applicable candidates only.
9. **Checklist** of documents enclosed:
 - i) Duly completed application form with photograph self attested
 - ii) Online Payment receipt/challan of registration fee.
 - iii) Two self addressed stamped envelope of size 24 cm 12 cm.
 - iv) Self attested copies of marklists of the qualifying and other exams.
 - v) Self attested copies of pass certificate/certificates,/Provisional certificates of the qualifying exams.
 - vi) Self attested copy of TC
 - vii) Self attested copies of certificates to prove claims based on reservation (caste), Children of ex-service personnel, etc.
 - viii) Self attested copies of relevant page of SSLC to prove age.


Use pen having either pure black or pure blue ink only to fill the application form

ix) Abbreviations:

ET - Ezhava/Thiyya; **OBH** – Other Backward Hindu; **SC** – Scheduled Caste; **ST** - Scheduled Tribe; **MU** – Muslim; **AILC** - Anglo Indian/Latin Catholic; **OBX** - Other Backward Christian; **VK** - Viswakarma and related communities; **DE** - Dheevara and related communities; **KS** - Kusavan and related communities; **KU** – Kudumbi; **RW** - Regional Weightage; **EX** - Ex-Servicemen quota; **PH** - Physically Handicapped; **DP** - Diploma Holder

Application to be sent to :

The Joint Director, School of Medical Education, Gandhinagar, Kottayam - 686008

|  CENTRE FOR PROFESSIONAL AND ADVANCED STUDIES (Established by the Government of Kerala) (Previously run by Mahatma Gandhi University) Head Office: School of Medical Education, Gandhinagar, Kottayam, Kerala Pin: 686008 Application Form for Admission to SME PG Programmes 2018-19 | | | | | | | | | | Photograph (Self attested by the candidate over the photograph) | | |
|---|--|-----------------------------|----|----|-------|-----|----------------------------|------|-------|---|-----|--|
| NOTE: MAKE ENTRIES IN CAPITAL LETTERS, TICK (√) THE RELEVANT ENTRIES | | | | | | | | | | | | |
| 1. Name of the Applicant | | | | | | | | | | | | |
| 2. Name of the Institution | | SCHOOL OF MEDICAL EDUCATION | | | | | | | | | | |
| 3. Course/Courses opted for PG | | Name of Course | | | | | | | | | | |
| | | 1. | | | | | 3. | | | | | |
| | | 2. | | | | | 4. | | | | | |
| 4. Sex | | M | F | | | | | | | | | |
| 5. Date of Birth | | Date | | | Month | | | Year | | | Age | |
| 6. Place of Residence | | | | | | | Panchayat/ Municipality | | | | | |
| Taluk | | Dist. | | | | | | | State | | | |
| 7. Nationality | | | | | | | | | | | | |
| 8. Name of Father | | | | | | | Name of Mother | | | | | |
| 9. Name of Guardian | | | | | | | Relationship | | | | | |
| 10. Seat Category | | General category | | | | | NRI category | | | | | |
| 11. Religion | | | | | | | Caste | | | | | |
| 12. Reservation Category as applicable** | | ET | SC | ST | MU | OBH | OBX | AILC | VK | | | |
| | | DE | KS | KU | EX | PH | RW | DP | | | | |

**Refer prospectus for details of abbreviations.

| 13 Permanent Address | | | | | | Address for Communication | | | | | |
|---|--------------------|----------|--------------|--------------------------------------|------------|---------------------------|------------|-------|----------------|--|--|
| | | | | | | | | | | | |
| Dist. | | | | | | Dist. | | | | | |
| Pincode | | | | | | Pincode | | | | | |
| Mobile No. 1. | | | | | | Tel. No./Land No. | | | | | |
| 2. | | | | | | | | | | | |
| E-mail: | | | | | | | | | | | |
| 14. Details of the Qualifying Examinations (to be supported by copies of mark lists and certificates) | | | | | | | | | | | |
| Exam | University / Board | Reg. No. | Year / Month | Subject | Max. Marks | Marks/ Grade Secured | % of Marks | Class | No. of chances | | |
| i) Graduation 3 year course | | | | English | | | | | | | |
| | | | | 2 nd Language | | | | | | | |
| | | | | Main Subject/ Optionals | | | | | | | |
| | | | | | | | | | | | |
| | | | | Subsidiaries | | | | | | | |
| | | | | 1. | | | | | | | |
| | | | | 2. | | | | | | | |
| | | | | Total for Main & Sub | | | | | | | |
| | | | | Grand Total | | | | | | | |

| Exam | University / Board | Reg. No. | Year / Month | Semester | Credit | Secured Credit | SGPA | | | | |
|--|--------------------|----------|--------------|----------------------------------|-----------|----------------|------------|-------|----------------|-----|--|
| ii) Grading system | | | | 1 | | | | | | | |
| | | | | 2 | | | | | | | |
| | | | | 3 | | | | | | | |
| | | | | 4 | | | | | | | |
| | | | | 5 | | | | | | | |
| | | | | 6 | | | | | | | |
| | | | | 7 | | | | | | | |
| | | | | 8 | | | | | | | |
| | | | | CGPA | | | | | | | |
| Exam | University / Board | Reg. No. | Year / Month | Subject | Max Marks | Marks Secured | % of Marks | Class | No. of Chances | | |
| iii) Four year course | | | | I year | | | | | | | |
| | | | | II year | | | | | | | |
| | | | | III year | | | | | | | |
| | | | | IV year | | | | | | | |
| | | | | Total | | | | | | | |
| iv) Name & Address of the Institution where the applicant studied: | | | | Whether approved by – Please (√) | | | | | | | |
| | | | | AICTE | | PCI | | INC | | KNC | |
| v) Kerala Nursing/Pharmacy Council Reg.No & Date: | | | | | | | | | | | |
| Regn. No. | | | | Date: | | State: | | | | | |
| vi) GATE/GPAT Score | | | | Year of qualifying | | | | | | | |

| Exam | University /Board | Reg. No. | Year / Month | Subject | Max marks /Grades | Secured marks/Grades | % of marks | Class | No of chances |
|----------------------|-------------------|----------|--------------|---------|-------------------|----------------------|------------|-------|---------------|
| vii) Post Graduation | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| viii) Others | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

15. Experience

| Designation | Institution | From-To | Years | Regn. No. |
|-------------|-------------|---------|-------|-----------|
| | | | | |

16. Registration Fee Particulars

| | | | | | |
|--------------------------------|--|------------|--------|---------------|--|
| SB Collect ref No /Challan No. | | Amount Rs. | | Date of Issue | |
| Issuing Bank | | | Branch | | |

17. Achievement in Sports and Games

| Item | Position | Level-University/State/Nation | Year | Organised By |
|------|----------|-------------------------------|------|--------------|
| | | | | |

18. Participation in NSS/NCC

| Certificate | No | Name of Course & College | Year | Reg.No & Year of Exam | Other Information |
|-------------|----|--------------------------|------|-----------------------|-------------------|
| | | | | | |

19. Whether Orthopaedically handicapped

If yes, give details

20. Annual Income of the family Rs.

Declaration

I do hereby declare that the statements given in the application are true to the best of my knowledge and belief. The original certificates shall be produced during the time of interview or admission. I know that if the information given is found to be fraudulent, I shall be liable for criminal prosecution. I have gone through the instructions in the Prospectus and I agree to abide by the rules and regulations and conditions prescribed by the CPAS for admission to the course. I agree to be transferred to a different centre of study if the CPAS decides to do so. I agree to pay the prescribed fees stipulated by the CPAS.

Name & Signature of Applicant

Name & Signature of Parent/Guardian

.....

.....

Place

Date

21. Self attested copies of all supporting documents detailed in the application form Sl. No. 9: check list

22. To be filled by the *sponsored candidates* only. Name and category of the sponsoring authority.

| Name: | | | | | |
|----------|---------|------------|-------------------------|------------|------------------------------|
| Category | Company | University | Educational Institution | Govt. Dept | Govt autonomous organization |
| | | | | | |

Certificate

Certified that Mr/Mrs..... Is holding post of.....in this institution fromonwards till date and that he/she continues service/research has an experience ofyears months as on. This institution has the privilege to sponsor Mr/Mrs..... to be sponsored candidate for seeking admission to M Pharm degree course inand also inform that the candidate will not be withdrawn from the course of study by this institution.

Signature of the sponsoring authority:

Name

Place:

Date:

Designation & Address:

Seal