DR.MOOPEN'S MEDICAL COLLEGE, WAYANAD

BIODATA - 2025-26

Affix Latest

	CATEGORY: MERIT		NRI	Photograph
1.	Name of the Applicant	:		
2.	Name of the Parent/Guardian & relationship with the applicant	:		
3.	Date of Birth (DD/MM/YY)	:		
1 .	Age	:		
5.	Gender	:		
5.	a) Religion & Community/Caste	:		
	b) Whether SC/ST/OBC/Others	:		
	Permanent Address:		Present Address (Address for Commun	nication):
7.		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.										
21.	Annual Family income									
22.	2. Details of Qualifying Examination :									
Qualifying Examination		Register No.		Year of Passing		Name of College				
23.	23. Marks obtained in Qualifying Exam									
Examinations		Year of Passing	Reg. No.		No. of Attempt	Mark Scored	Maximum Marks	% of Marks		
I MB	MBBS									
Anat	tomy									

Examinations	Passing	Reg. No.	Attempt	Scored	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) 20					:				
	a)	Roll N	lo.		:				
	b)	Marks	s obtaine	ed in NEET	:				
c) All India Rank :									
	d)	KEAM	I Rank		:				
25. Joint Declaration by the Applicant & Parent :									
We								hed above are institution, if original at the	
	Name & S	Signatur	re of the	Applicant			Signature of ent/Guardian		

Place Date