



KMCH INSTITUTE OF HEALTH SCIENCES AND RESEARCH

(A unit of Kovai Medical Center & Hospital Ltd., Coimbatore.)

99A, Avanashi Road, Coimbatore – 641 014, Tamilnadu, India | Phone : 0422 6806840

Web: www.kmchihsr.edu.in

MBBS ADMISSIONS – 2022-2023

After receiving the Allotment Order from the Selection Committee, Govt. of Tamil Nadu, the students are requested to report at the college for admission with the following originals along with two sets of photostat copies (including back pages for mark sheets) of all relevant certificates listed below:

General Documents Required for Admission to the MBBS course (All Quota)

1. **Allotment Order** of the Selection Committee
2. **NEET Score Card**
3. **NEET Admit Card** / Hall Ticket – with thumb impression, student and parent signatures and postcard size photo pasted on the 2nd page.
4. **Class 10 mark sheet**
5. **Class 11 mark sheet** (If public exam certificate is not available, then marks certificate from the school, in their letter head signed by the Principal or authorized signatory should be submitted)
6. **Class 12 mark sheet** or equivalent
7. **Transfer certificate** from the school last studied.
8. **Community Certificate** (for all categories including OC) – original downloaded copy with verified digital sign tick mark. (Photocopies or certificates with question mark in signature will not be accepted)
9. **Migration Certificate** - for other than H.Sc of Tamil Nadu
10. **Eligibility Certificate** obtained from the University - for other than H.Sc of Tamil Nadu
11. **Nativity Certificate** – original downloaded copy with verified digital sign tick mark. (Photocopies or certificates with question mark in signature will not be accepted)
12. Certificate of proof of study from Class 6 to 12 in Tamil Nadu (If student has studied in Tamil Nadu- Bonafide certificate from the school)
13. **Aadhaar Card** (Valid, non-expired and government issued photo ID proof)
14. First Graduate Certificate / No Graduate Certificate (If applicable)
15. Income Certificate (If applicable)
16. Disability Certificate (If applicable)
17. **Copy of Tuition fee paid to the Selection committee**
18. **Latest passport size colour photo** – 12 nos

Additional documents For NRI Quota Students:

- **NRI Certificate** of the Parent(s)/Guardian from the Indian Embassy of the respective country.
- **Copy of the Passport of Parent(s) / Guardian**
- **Certificate of Relationship**
- **Certificate of Financial sponsorship**
- **Ward certificate** (Format given in TN Govt MBBS Admission Prospectus)
- **Copy of the NRE Account Passbook**
- **Copy of the OCI / PIO card** of the parent(s) / guardian if applicable
- Copy of the Passport of the student if student is an NRI / OCI / PIO
- Copy of the OCI / PIO card of the student if applicable
- Equivalence certificate from the Association of Indian Universities (AIU), New Delhi, for the Examination equivalent to Grade12 if the student has studied in foreign Boards/ Schools.
- **Court order / Evidence of guardianship** under the provisions of The Guardians and Wards Act, if the sponsor is not the parent.

PAYMENT OF FEES

Acceptable modes of payment for Fees:

Demand Draft / Online Bank transfer / IMPS / NEFT / RTGS only. (Cash & Cheque payments are not accepted)

For NRI Candidates: Please note that the Tuition fees should be paid only from the NRE account or foreign account of the sponsor all through the course.

Bank details for payment of fees:

For Payment in Indian Rupees (INR):

Name of Beneficiary	KMCH INSTITUTE OF HEALTH SCIENCES AND RESEARCH
Address	99A, AVANASHI ROAD, COIMBATORE - 641014.
Account No.	6766250162
Account Type	CURRENT ACCOUNT
IFSC Code for RTGS/NEFT	IDIB000K169
Bank Name	INDIAN BANK
Branch Name/ Branch Code	GOLDWINS BRANCH / 01704
Branch Address	KMCH GOLDWINS, COIMBATORE - 641014

For Payment in US Dollars (USD):

Name of Beneficiary	KOVAI MEDICAL CENTER AND HOSPITAL LIMITED
Address	99, AVANASHI ROAD, COIMBATORE - 641014.
Account No.	6905045442
Account Type	EEFC ACCOUNT
SWIFT Code	IDIBINBBCBE
Bank Name	INDIAN BANK
Branch Name/ Branch Code	COIMBATORE MAIN / 223
Branch Address	POST BOX NO.65, 31, VARIETY HALL ROAD, COIMBATORE – 641001.
Correspondent Bankers	CITI BANK NEW YORK – CITIUS33

For all payments or transactions made from the NRE account, a letter from the bank has to be submitted stating the ownership of the NRE account and that the source of funds of the transaction made is from the respective NRE account.

On payment of the fees please forward the following details to the email kavithag@kmchhospitals.com with the subject as "MBBS Admission fee details – (Student Name)".

Student Name	
A R No	
Admission Quota	Government / Management / NIR / NRI Lapsed
Bank Name	
Amount transferred	
Credited date	
UTR / Reference No	
Account Holder's Name	
Account No	
Bank Name	
Branch Name	

Please contact our admission section on 0422 – 6806840 for any further information or queries.

(Format for Letter from the bank for payments made from NRE Accounts)

On Bank Letterhead

Date:

TO WHOMSOEVER IT MAY CONCERN

This is to certify that _____ is holding an NRE account bearing Account No.: _____ with our bank at _____ branch since _____.

Further, we confirm that the below mentioned transaction has been made from this NRE account to KMCH Institute of Health Sciences and Research, towards fee payment of his/ her son/ daughter _____.

Details of the transaction is given below:

Date of Transfer:

Amount:

Transaction Reference Number:

Authorized Signatory of the Bank
(Signature & Seal)