



**Tirunelveli Medical College**  
**Tirunelveli,**  
**STATE OF TAMILNADU, INDIA**  
**PINCODE:627011**

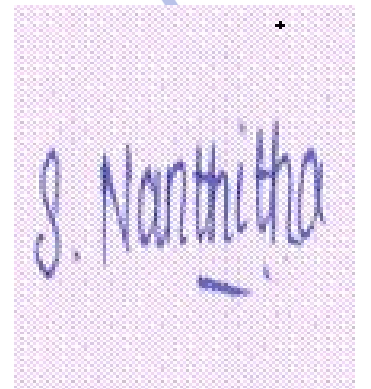


Tel: 91-462-2572733, 257273 Fax: 91-462-2572944

Under the Directorate of Medical Education, Government of Tamilnadu, Chennai-10 Affiliated  
with the Tamil Nadu Dr.M.G.R. Medical University, Guindy, Chennai-32 Recognized by the  
Medical Council of India, New Delhi.

**Letter of Admission**

**Name:** Teststudent  
**Father Name:** Test Father  
**Mother Name:** Test Mother Name  
**Date of Birth:** 2000-02-12  
**Gender:** Male  
**Nationality:** Indian



*Dear ,*

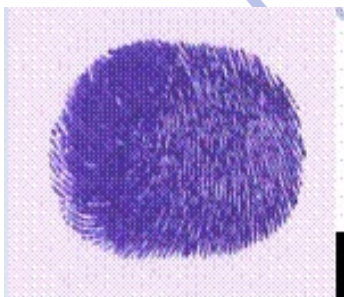
*We are happy to inform that you stand admitted to this institute. We wish you an enriching academic journey through your course work starting this academic year 2019-2020 .*

**Name of the Course**  
MBBS

**Year of Admission**  
2019-2020

**Date of Admission**  
05/05/2000

*The Campus opens to your batch on 05 June 2000 when you shall meet up with the honoured faculty of this institute and start your training with us.*



*Tirunelveli Medical College*  
*Duty Dignity Discipline*

**Student Thumb Impression**

**Date:**

**Dean**

**Assistant ME**

**Office Supdt**

**Junior Admin Officer**

**Vice Principal**