



KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR - 680 596

www.kuhs.ac.in

Consolidated Report-Student Registration

(Report Generated On:09-06-2017 10:06:38)

1. Name of Course	M.D. Community Medicine
2. Course Started Year	
3. Stream	Medicine
4. Year of Admission	2014
5. Name of College	Sree Gokulam Medical College & Research Foundation, Thiruvananthapuram
6. Sanctioned Intake	2
7. Additional Intake	0
8. Total No. of Students Registered	1

9. Details of Registered Students (For Approval)

Sl.No.	Name of Candidate	Temp. Student ID	Sex	Date of Birth	Category	Admission Date
1	SHALIET ROSE SEBASTIAN	201402612	FEMALE	28/04/1986	Gen	28/06/2014

10. Total No. of Students Registered Under

Open Merit	Management	NRI	Others
1	0	0	0

11. Details of Fee to be Remitted(per Student)

Registration & Certificate Verification Fee	University Union Fee	Sports Affiliation Fee	Fee for Identity Card	Total
2700	400	400	0	3500

12. Details of Fee Paid

Two consolidated DDs to be taken for; 1.Total Amt. towards Reg. & Cert. Verification Fee and ID Card Fee 2. Total Amt. towards Union Fee & Sports Fee

Sl No	Total Amount to be Remitted	Amount Paid	Balance to be Paid,if any	Remarks
1	2700	2700.00	0.00	
2	800	800.00	0.00	

DD/RTGS Details

1. DD - Amount:3500.00 NO:669293 Date: 09/12/2014 Bank:DHANLAXMI BANK Branch:FORT BRANCH

Annual Administration Fee Details

Sl No	Admission Year	Total Intake	No of Students Registered	Amount Paid	Remarks
1	2014	2	1	200000.00	
			Total	200000	

DD/RTGS Details

1. DD - Amount:200000.00 NO:576036 Date: 19/07/2014 Bank:DHANLAXMI BANK Branch:FORT BRANCH

DECLARATION

The Demand Drafts that mentioned above drawn in favour of
.....KUHS, THRISSUR..... is attached herewith.

Place :

Signature

Date :

Name of the Principal

FOR OFFICE USE ONLY

Status of Certificate Verification
(Completed/Incomplete/Pending)

Remarks

Signature of Officials:

Asst.

S.O

A.R/D.R/J.R