



KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR - 680 596

www.kuhs.ac.in

Consolidated Report-Student Registration

(Report Generated On:10-06-2017 11:06:31)

1. Name of Course	M.D. Microbiology
2. Course Started Year	
3. Stream	Medicine
4. Year of Admission	2015
5. Name of College	Sree Gokulam Medical College & Research Foundation, Thiruvananthapuram
6. Sanctioned Intake	3
7. Additional Intake	0
8. Total No. of Students Registered	3

9. Details of Registered Students (For Approval)

Sl.No.	Name of Candidate	Temp. Student ID	Sex	Date of Birth	Category	Admission Date
1	LEKSHMI SREE S J	201510170	FEMALE	20/02/1986	Gen	02/06/2015
2	ROSHNI V S	201500808	FEMALE	03/03/1988	OBC	04/06/2015
3	VISHU T A	201500797	FEMALE	14/04/1989	EZ	05/06/2015

10. Total No. of Students Registered Under

Open Merit	Management	NRI	Others
2	1	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	8100	5400.00	0.00	
2	2400	1600.00	0.00	

DD/RTGS Details

1. DD - Amount:7000.00 NO:846089 Date: 20/06/2015 Bank:DhanlaxmiBank Branch:TrivandrumFort

Sl No	Total Amount to be Remitted	Amount Paid	Balance to be Paid,if any	Remarks
1	8100	2700.00	0.00	

2	2400	800.00	0.00	
DD/RTGS Details				
1. DD - Amount:3500.00 NO:410041 Date: 23/09/2015 Bank:State Bank of Travancore Branch:Medical College				

Annual Administration Fee Details

SI No	Admission Year	Total Intake	No of Students Registered	Amount Paid	Remarks
1	2015	3	2	200000.00	
			Total	200000	
DD/RTGS Details					
1. DD - Amount:200000.00 NO:827455 Date: 20/06/2015 Bank:DhanlaxmiBank Branch:TrivandrumFort					

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