



# KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR - 680 596

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## Consolidated Report-Student Registration

(Report Generated On:12-06-2017 10:06:14)

1. Name of Course	M.D. Pathology
2. Course Started Year	
3. Stream	Medicine
4. Year of Admission	2016
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	2

### 9. Details of Registered Students (For Approval)

Sl.No.	Name of Candidate	Temp. Student ID	Sex	Date of Birth	Category	Admission Date
1	DIVYA ANTHONY	201600785	FEMALE	29/09/1987	Gen	02/05/2016
2	SUJANA G	201600935	FEMALE	19/12/1988	SC	30/05/2016

### 10. Total No. of Students Registered Under

Open Merit	Management	NRI	Others
1	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	5400	2700.00	2700.00	
2	1600	800.00	800.00	

#### DD/RTGS Details

1. DD - Amount:3500.00 NO:966397 Date: 01/08/2016 Bank:DhanlaxmiBank Branch:Vanchiyoor Bar Council

Sl No	Total Amount to be Remitted	Amount Paid	Balance to be Paid,if any	Remarks
1	5400	2700.00	0.00	
2	1600	800.00	0.00	

**DD/RTGS Details**

1. DD - Amount:3500.00 NO:966397 Date: 25/07/2016 Bank:DhanlaxmiBank Branch:Vanchiyoor Bar Council

*Annual Administration Fee Details*

Sl No	Admission Year	Total Intake	No of Students Registered	Amount Paid	Remarks
1	2016	2	2	200000.00	
			<b>Total</b>	<b>200000</b>	

**DD/RTGS Details**

1. DD - Amount:200000.00 NO:966426 Date: 01/08/2016 Bank:DhanlaxmiBank Branch:Vanchiyoor Bar Council

**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