

**KERALA UNIVERSITY OF HEALTH SCIENCES**  
**THRISSUR -680596**  
**APPLICATION FOR INTER COLLEGE TRANSFER**

Complete each item. Incomplete form will not be processed.

1. Name of the student :
2. Register No. :
3. Address of the student :
4. Contact Number :
5. Email ID :
6. Name of Course & Year/semester:
7. Current college :
8. College to which transfer required:
9. Reason for College transfer :
10. Online payment details \* :
  - Amount :
  - E- challan No :

(\*Note: Fee once remitted will not be refunded under any circumstances)

Declaration

I \_\_\_\_\_ do hereby declare that the information given above is true to the best of my knowledge and belief. I am aware of the fact that if the information given by me is proved to be false at any point of time, the transfer obtained by me is liable to be cancelled and also agree to abide the rules and Regulations of the University.

Place:

Date:

Name and signature of the applicant

Declaration by the Principal/ Head of Institution

Verified with actual records and found correct.

Place :

Date :

Office Seal

Name and signature of the Principal

List of enclosures:

1. NOC in original from the college of study & from the institution to which College transfer is requested.
2. NOC in original from respective statutory Council. (wherever applicable)
3. Mark list or details of the result of the last examination appeared by the student.
4. Medical Certificate.
5. Online fee Remittance Acknowledgement.
6. Rank list from CEE
7. Details of open vacancy

**Address to which the Application along with enclosures to be sent:**

The Registrar  
Kerala University of Health Sciences,  
Medical College P.O.,  
Thrissur – 680596.