



KERALA UNIVERSITY OF HEALTH SCIENCES

APPLICATION FOR CONSOLIDATED MARK LIST

Name (In capital letters)	
Name of the Course	
Register Number	
Name of the College	
Mobile Number	
Online fee payment details (Receipt No., Date & Amount paid)	
Email id	
Address to which the document to be sent (With Pin code)	

Details of Passing the Programme

Semester /Year	Month and Year of Passing Examination	Marks obtained
1		
2		
3		
4		
5		
6		
7		
8		

*** Month and year of last examination appeared is to be mentioned in the columns above.**

I hereby declare that the entries made above are correct to the best of my knowledge.

Place:

Date:

Signature of the Candidate

INSTRUCTIONS TO THE APPLICANTS

1. Self attested copies of all the mark lists and provisional certificate, if any, must be attached along with the application.
2. The fee shall be remitted online. The link for the online payment shall be reached through the icon 'Students Corner' on the KUHS website. Once the online payment is made, the print out of the miscellaneous payment report has to be enclosed along with the application. (Visit www.kuhs.ac.in for more information).
3. The duly filled application shall be forwarded to **The Controller of Examinations, Kerala University of Health Sciences , Medical college PO , Thrissur, Kerala- 680 596.**
4. The fee once paid will not be refunded or adjusted under any circumstances.
5. If the documents are intended to be sent outside India, The payment receipt of the prescribed postal charges to the respective country should be attached with the application in order to send the documents. The prescribed postal charges shall be obtained from the respective sections.