

WHAT YOU HAVE TO DO BEFORE VERIFICATION

Goto Student registration site **KUHS COLLEGES**

Master → student

Student Administration

Student Master

Admission Year: All
Course Level: All
Course: All
Student Name: All

Student Login Details(Click Here to Download)

Show 10 entries

Sl.No.	Name	Course	Student ID	Reg. No	Admission Year	
1	AJIN JOY	B. Sc Nursing	201100758	110100161	2011	Reset Password
2	AKHILA JAMES	B. Sc Nursing	201100797	110100163	2011	Reset Password
3	AKHIL RAVI P	B. Sc Nursing	201100773	110100162	2011	Reset Password
4	AMRITA JOSEPH T.	B. Sc Nursing	201101145	110100164	2011	Reset Password
5	ANCY BABU	B. Sc Nursing	201100831	110100165	2011	Reset Password
6	ANJUMOL RAPHEL	B. Sc Nursing	201100837	110100166	2011	Reset Password
7	ANU MARY PAUL	B. Sc Nursing	201101155	110100167	2011	Reset Password
8	ANUPRIYA MATHEW	B. Sc Nursing	201100886	110100168	2011	Reset Password
9	ASHA CHERIAN JOSEPH	B. Sc Nursing	201100890	110100169	2011	Reset Password
10	BAVITHA. C. V	B. Sc Nursing	201100894	110100170	2011	Reset Password

Showing 1 to 10 of 232 entries

2:44 PM 10/7/2014

Please download student login details and deliver student user name and password to students(After basic entry)

Student Administration

View Basic Entry Sub Speciality Personal Manage Photo Entrance Exam Qualifying Exam Other

Add / Edit Student Sub Speciality Course Details

* Mandatory Fields

Admission Year: 2014
 Course Level: UG
 Course: B. Sc Nursing
 Student Name: ABINA ASOK (201406731)

Student ID: 201406731

Sub Speciality Course

Sub Speciality: --Select Sub Speciality--

Save

please select sub speciality if applicable

Then Save it.

Please select personal then fill each fields. Please fill student address, phone number mail id properly

Student Administration

View Basic Entry Sub Speciality Personal Manage Photo Entrance Exam Qualifying Exam Other

Add / Edit Personal Student Data

* Mandatory Fields

Admission Year: 2014
 Course Level: UG
 Course: B. Sc Nursing
 Student Name: ABINA ASOK (201406731)

Student ID: 201406731 [Reset Password](#)

Personal Details

Gender: FEMALE
 Date of Birth: 11/12/1996
 Blood Group: --Select Blood Group--
 Name of Parent or Guardian:
 Relationship:
 Category: Gen
 Religion: HINDU Caste: EZHAVA
 Nativity: --Select Nativity--
 Nationality: --Select Nationality--

Address for Communication

please fill all the fields

a) House Name:

b) Post:

c) Street / District:

d) Pin:

State: --Select State--
 District: --Select District--
 Country: --Select Country--

Mob:
 e-mail Id:

Save

Manage photo

* Photo requirements-Maximum size:30Kb, Image dimension: 150W X 200 H

Image Type: JPG Background color White

* **Photo will move for Student's Identity card printing**

* 2014 Manage photo manual link

http://14.139.185.154/images/kerala/kuhs/Academic_Notification/instructions/photuploadingmanual.pdf

Student Administration

View Basic Entry Sub Speciality Personal **Manage Photo** Entrance Exam Qualifying Exam

* Mandatory Fields

Admission Year All
Course Level All
Course All
Student Name * All

Add/Change Photo

Student ID

Add/Change Photo

Applicant

PHOTO NOT AVAILABLE

Photo requirements : - Maximum Size : 30Kb , Image Dimension : 150W X 200H , Image Type : JPG, Background color : White

Upload your image No file selected.

Please follow 2014 manage photo manual

Entrance Exam Details

Student Administration

View Basic Entry Sub Speciality Personal Manage Photo Entrance Exam Qualifying Exam Other

Add / Edit Student Entrance Details

*** Mandatory Fields**

Admission Year: 2014
Course Level: UG
Course: B. Sc Nursing
Student Name *: ABINA ASOK (201406731)

Student ID: 201406731

Entrance Details

Admission Quota *: Management

Examination Details Not Applicable

click here  if not applicable

Name Of Examination:
Authority:
Reg No:
Rank No:
Year: Select

Save

Qualifying Exam details

Student Administration

View Basic Entry Sub Speciality Personal Manage Photo Entrance Exam Qualifying Exam Other

Add / Edit Qualifying Examination Data

*** Mandatory Fields**

Admission Year: 2014
Course Level: UG
Course: B. Sc Nursing
Student Name *: ABINA ASOK (201406731)

Student ID: 201406731

Qualifying examination Details

Name Of Qualifying Examination *: CALICUT
Reg No *: 1236RGFGFG
Year *: 1955
Percentage of Mark *: 100.00

Percentage of Marks (In case of UG Courses)

a.PCB [Physics,Chemistry,Biology/Computer Science/Mathematics]: 50.00
b.Biology alone: 20.00
c.Computer Science alone: 10.00
d.Mathematics alone: 20.00
Division/Grade: 12
Board/University: 12

Save

Save it

Please fill **other** details if applicable

Student Administration

View Basic Entry Sub Speciality Personal Manage Photo Entrance Exam Qualifying Exam Other

Add / Edit Student Other Details

*** Mandatory Fields**

Admission Year: 2014
Course Level: UG
Course: B. Sc Nursing
Student Name *: ABINA ASOK (201406731)

Student ID: 201406731

Other Details,if any

Migration Certificate,if any

Equivalance Certificate,if any

Council Registration Certificate,if any

Any other Relevant Details,if any

please fill the fields if applicable

Internship Details

Period From:

Period To:

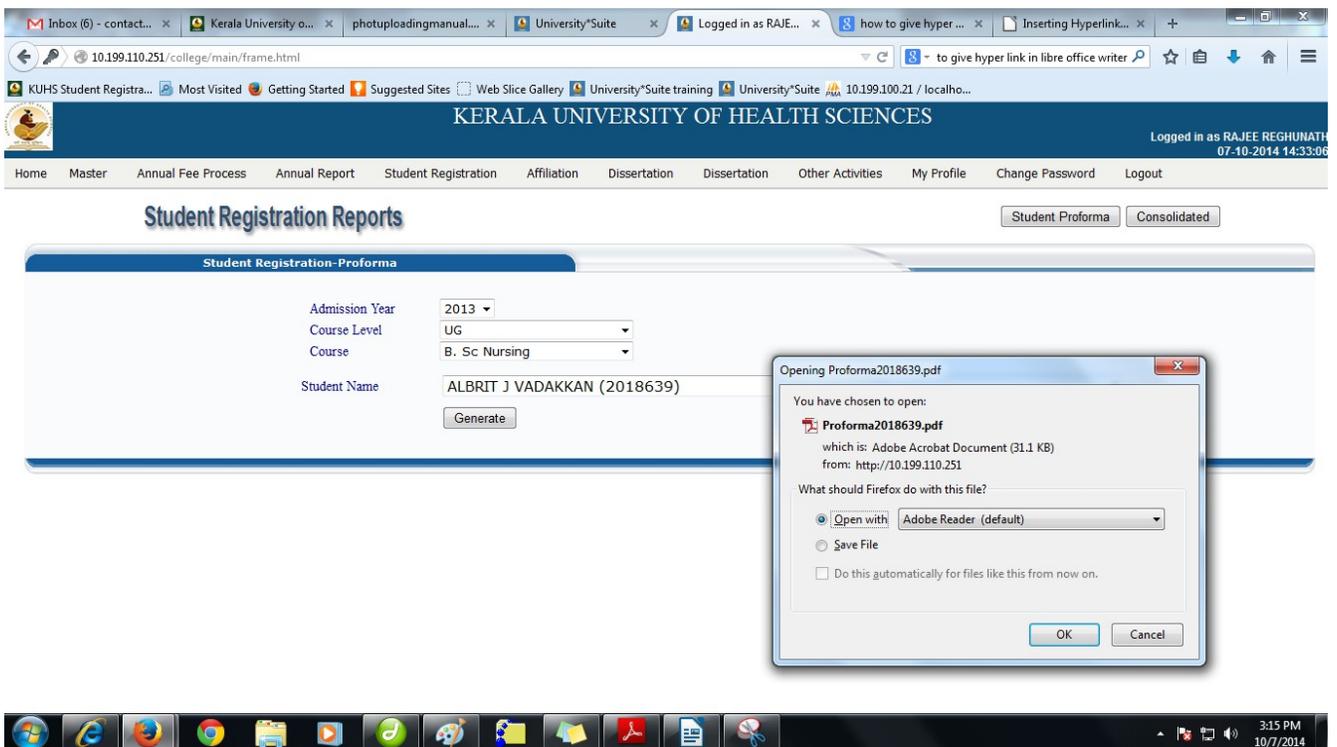
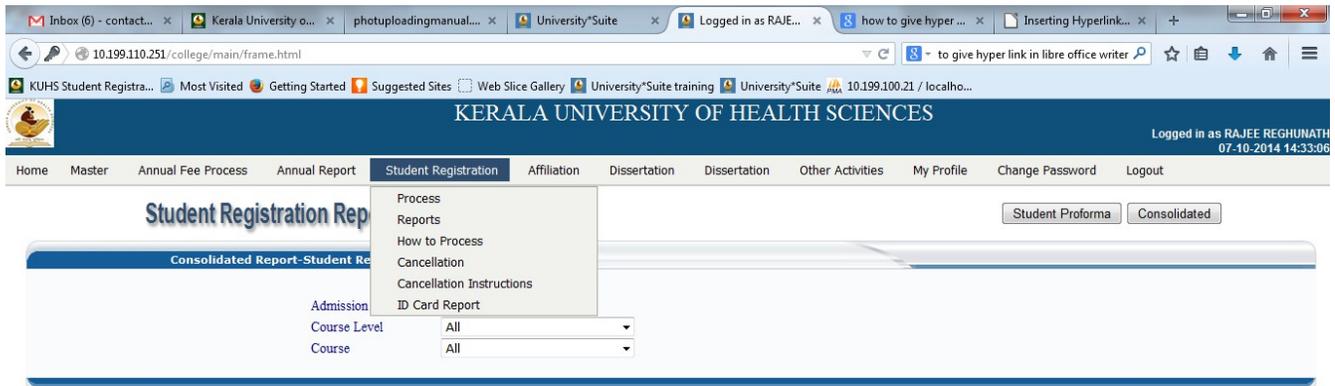
Name:

Address 1:

Address 2:

Save

After that take student profoma from **Student registration menu** click on **Report** then **Student profoma**



Take student proforma

* check all the fields by student then get the signature from the student as well as principal before verification

****Please enter proper data and reduce mistake check it with the student

The image shows a screenshot of a PDF document titled "DECLARATION" within an Adobe Reader window. The document contains the following text and fields:

DECLARATION

I.....ALBRIT J VADAKKAN..... hereby agree that the forgoing information is correct and complete to the best of my knowledge and belief, nothing has been concealed/distorted. If I am found to have concealed/distorted, any material information,the University shall be able to take action against me and summarily cancel my registration and admission,and also agree to abide by the Rules and Regulations of the University.

Place : _____ Signature
Date : _____ Name of Student

Verified with actual records and found correct

Place : _____
Date : _____ College Seal Name & Signature of Principal

FOR OFFICE USE ONLY

The screenshot also shows the Adobe Reader interface with various toolbars and a Windows taskbar at the bottom with the date 10/7/2014 and time 3:17 PM.

The student data is used for university processing such as identity card, exam, certificate etc.

Technical issues mail us: contacthelp@kuhs.ac.in