

KERALA UNIVERSITY OF HEALTH SCIENCES THRISSUR -680596

ACADEMIC - I SECTION

NOTIFICATION

No. 918/A1/1/2011//KUHS

Dated: 06 .04.2011

Application are invited by the undersigned for starting new medical & Ayurveda PG courses/increase in seats for the academic year 2012-13 under Kerala University of Health Sciences. Since the MCI/CCIM has prescribed 30th April2011 as the last date for submitting application to the Central Government, the last date for receipt of application in this University for affiliation is 23/04/2011. Late applications will not be accepted at any cost. Fee details are separately given in the website site of KUHS (www.kuhas.ac.in).

Dr. Ipe Varghese
Registrar

KERALA UNIVERSITY OF HEALTH SCIENCES

APPLICATION FOR AFFILIATION FOR NEW PG COURSE /INCREASE OF SEATS (MEDICAL & AYURVEDA) -2012-13
(Separate application forms shall be used for each course)

1. Name and address of the agency with name of College proposing to start the course/increase of seats							
2. Location of the college (Name of place, village/town, taluk and district)							
3. Course in which consent of affiliation is sought							
4. Previous application, if any, and their disposal by the University							
5. Number of students proposed to be admitted in course							
6. Existing courses in the college (if applicable)							
7. Whether adequate infrastructural facilities available for starting the course as per the statutory council							
8. Whether qualified and experienced additional staff available for starting the course	<input style="width: 80px; height: 20px;" type="text"/>						
9. Whether the management is willing to abide by the rules and regulations of the university and the government for the appointment of staff and the admission of students	<input style="width: 80px; height: 20px;" type="text"/>						
10 Fee details	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Amount</td> <td style="width: 40%;"></td> </tr> <tr> <td>DD No.</td> <td style="text-align: right;">Date</td> </tr> <tr> <td>Name of Bank</td> <td></td> </tr> </table>	Amount		DD No.	Date	Name of Bank	
Amount							
DD No.	Date						
Name of Bank							

Declaration

On behalf of the Management of the proposed new college (Name of college, if any) we the President of the Educational Agency and President, Board of Management of the said college, Jointly and severally undertake to faithfully abide by the provisions of the University Act, Statutes, Ordinances and Regulations and the directions issued by the University from time to time in so far as they are related to the college.

Place

Signature of the President of Educational Agency

Date

Signature of the Principal

(seal)