



KERALA UNIVERSITY OF HEALTH SCIENCES THRISSUR - 680 596

PHONE: 0487 - 2207650, 2207664 FAX: 0487 - 2206770

No: 25494/2019/AC1/Gen.A2/KUHS

Date: 12-09-2025

Notification

(Please refer University Affiliation Statute @_

http://14.139.185.154/kuhs_new/images/uploads/pdf/general/Acts-Rules/2021/affiliation%20statute-ammendment.pdf)

- 1. Applications are invited from new institutions owned and/or managed by the following, for obtaining Provisional Affiliation to the UG courses as listed in the Appendix I
- i. Government of India or the State Government,
- ii. An autonomous body promoted by Central and/or State Government, by or under an enactment for the purpose of Health Science Education,
- iii. A society registered under the Societies Registration Act, 1860 or corresponding Act in the State or
- iv. a public, religious or charitable Trust registered under the Trusts Act or the Wakf Act, 1954, or similar, with Health Science education as one of the objectives.
- 2. Applications are also invited from institutions which are having affiliated courses of KUHS for starting new UG/ PG courses and/or enhancement of seats in existing UG/PG courses, listed in Appendix I.

The colleges which are having existing affiliation may note the following points before submitting the application

For new courses/enhancement of seats in existing courses:



average pass percentage of previous regular examinations of all existing batches of the courses in that stream shall be 50% or more. A declaration to this effect needs to be submitted along with the application.

- b. For enhancement of seats in an existing course, the institution shall satisfy the condition that the 1 st batch of the course to which enhancement of seats is requested is passed out and the average pass percentage of the previous regular examinations of all existing batches of the same course is 50% or more. A declaration to this effect will have to be submitted.
- c. For the purpose of calculation of pass percentage, results published up to the last date of submission of online application will be taken into account.
- d. For the purpose of considering further enhancement of seats, the batch in which last enhancement is effected will be treated as 1st batch.

3. Application Fee:

Please refer to the below link for details of application fee (Right click the link and open hyper link)

http://www2.kuhs.ac.in/kuhs_new/images/uploads/pdf/Orders_Circular/2024/General-Fee-Order-from-01.09.2024.pdf

All services related to affiliation shall be liable to GST at the rate of 18%

4. How to apply

- 1. The eligible Institutions can submit the application online. The link for submitting the application will be available @www.kuhs.ac.in. from 15.09.2025.
- Last date of submission of online applications with requisite document and fee is 30.09.2025 at 5.00PM. Applications received after the due date and time will not be considered.
- 3. Hard copy of the application submitted online, along with the documents required (Please refer Appendix II
- & III) shall be sent to Registrar, Kerala University of Health Sciences, Medical College P.O, Thrissur-680596 by courier/speed post/by hand so as to reach on or before 10.10.2025, 4.30 P.M.

5. Other Conditions

1. The validity of the applications which are complete in all respects shall be for one year from 15.9.2025.

Phone: 0487-2207664, 2207642 Fax: 0487 - 2207616, 2207620

- 2. Fee collected at the time of submission of application or afterwards will not be refunded under any circumstances.
- 3. Eligibility to submit Application for affiliation to the university does not guarantee any institution the right to claim eligibility to obtain Affiliation from the university. Granting of affiliation of any kind will be strictly in accordance with the Rules and Regulations laid out by the University/Apex Council concerned / Govt. Of India/ Govt. of Kerala.
- 4. The University reserves the right to reject an application in full or in part, without assigning any reason whatsoever. Incomplete applicaltions will be summarily rejected.
- 5. In case of disputes, decision of the undersigned shall be final

REGISTRAR

(Digitally approved document; signature not required)

To,

- 1.The Principals of all affiliated Colleges
- 2.IT Section (For Publishing in the University website)

APPENDIX I

SI NO.	COURSE	Academic Year to Which the Application is called for
	MEDICINE	
1	MBBS	2026-27
2	DM Cardiology	2026-27
3	DM Endocrinology	2026-27
4	DM Medical Gastroenterology	2026-27
5	DM Medical Oncology	2026-27
6 Phone	DM Neonatology : 0487-2207664, 2207642 Fax : 0487 – 2207616, 22076	2026-27 20 e-mail: keralahealthuniversity@gmail.con

=		l
	Ţ	
	SSUI	
	hris	
	5,	
		ľ

DM Nephrology DM Neurology	2026-27
DM Neurology	
0 ,	2026-27
DM Paediatric Oncology	2026-27
DM Pulmonary Medicine	2026-27
DM Paediatric Neurology	2026-27
DM Infectious Diseases	2026-27
DM Oncopathology	2026-27
DM Critical Care Medicine	2026-27
DM Pediatric Nephrology	2026-27
M Ch Head & Neck Surgery	2026-27
M Ch Gynaecological Oncology	2026-27
1 Ch Reproductive Medicine & Surgery	2026-27
M Ch Genito Urinary Surgery	2026-27
M Ch Neurosurgery	2026-27
M Ch Paediatric Surgery	2026-27
Ch Plastic and Reconstructive Surgery	2026-27
M Ch Surgical Gastroenterology	2026-27
M Ch Surgical Oncology	2026-27
MD Anaesthesiology	2026-27
MD Anatomy	2026-27
M.D. Biochemistry	2026-27
M.D. Community Medicine	2026-27
D. Dermatology Venerology and Leoprosy	2026-27
M.D. Emergency Medicine	2026-27
MD Family Medicine	2026-27 e-mail: keralahealthuniversity@gmail.c
	. Dermatology Venerology and Leoprosy M.D. Emergency Medicine

Phone: 0487-2207664, 2207642 Fax: 0487 – 2207616, 2207620

|--|

Г			
	32	MD Forensic Medicine	2026-27
	33	M.D. General Medicine	2026-27
	34	M.D. Immuno Haematology and Blood Transfusion	2026-27
	35	M.D. Microbiology	2026-27
	36	M.D. Paediatrics	2026-27
	37	M.D. Pathology	2026-27
	38	M.D. Pharmacology	2026-27
	39	M.D. Physical Medicine and Rehabilitation	2026-27
	40	MD Physiology	2026-27
	41	M.D. Psychiatry	2026-27
	42	M.D. Pulmonary Medicine	2026-27
	43	M.D. Radiodiagnosis	2026-27
	44	M.D. Radiation Oncology	2026-27
	45	M D Geriatrics	2026-27
-	46	M.S. General Surgery	2026-27
-	47	M.S. Obstetrics and Gynaecology	2026-27
-	48	M.S. Ophthalmology	2026-27
-	49	M.S. Orthopaedics	2026-27
-	50	M.S. Oto-Rhinolaryngology	2026-27
-		DENTAL SCII	ENCE
5	51	Bachelor of Dental Surgery (BDS)	2027-28
	52	MDS Public Health Dentistry	2027-28
-	53	MDS Conservative Dentistry and Endodontics	2027-28
	54	MDS Oral and Maxillofacial Surgery	2027-28
1	55	MDS Oral Medicine and Radiology	2027-28
L		2007(10.2007)	canil karalah salthuniyarsity@amail.co

Phone: 0487-2207664, 2207642 Fax: 0487 - 2207616, 2207620

S,Thrissur
S

56	MDS Oral Maxillofacial Pathology and Oral Microbiology	2027-28
57	MDS Orthodontics and Dentofacial Orthopaedics	2027-28
58	MDS Pediatric and Preventive Dentistry	2027-28
59	MDS Periodontology	2027-28
60	MDS Prosthodontics and Crown and Bridge	2027-28
	AYURVEDA , SIDH	A & UNANI
61	Bachelor of Ayurvedic Medicine and Surgery (BAMS)	2027-28
62	Bachelor of Siddha Medicine and Surgery (BSMS)	2027-28
63	Bachelor of Unani Medicine and Surgery (BUMS)	2027-28
64	BSc Nursing (Ayurveda)	2027-28
65	B.Pharm. (Ayurveda)	2027-28
66	MD (Agada Tantra and Vidhi Vaidyaka)	2027-28
67	MD (Samhita and Siddhanta)	2027-28
68	MD (Dravyaguna Vijnana)	2027-28
69	MD (Kaumarabhritya)	2027-28
70	MD (Kayachikitsa)	2027-28
71	MD (Kriya Sharira)	2027-28
72	MD (Manasaroga and Manovijnana)	2027-28
73	MD (Panchakarma)	2027-28
74	MD (Rasashastra and Bhaishajya Kalpana)	2027-28
75	MD (Roganidana-Vikritivijnana)	2027-28
76	MD (Swasthavritta and Yoga)	2027-28
77	MD (Rachana Sharira)	2027-28

Phone: 0487-2207664, 2207642 Fax: 0487 - 2207616, 2207620

		(UHS, Thrissur

78	MS (Stree Roga - Prasuti Tantra)	2027-28
79	MS (Shalakya Tantra –Netra)	2027-28
80	MS (Shalakya Tantra - Karna,Naasa and Mukha)	2027-28
81	MS (Shalya Tantra)	2027-28
	HOMOEOPA	ATHY
	Bachelor of Homoepathic Medicine and Surgery	
82	(BHMS)	2026-27
83	MD Homoeopathic Philosophy	2026-27
84	MD Materia Medica	2026-27
85	MD Repertory	2026-27
86	MD- Practice of Medicine	2026-27
87	MD - Psychiatry	2026-27
	NURSING	G
88	B. Sc Nursing	2026-27
89	M.Sc. Community Health Nursing	2026-27
90	M.Sc. Medical Surgical Nursing	2026-27
91	M.Sc. Obstetric and Gynaecological Nursing	2026-27
92	M.Sc. Child Health (Paediatric)Nursing	2026-27
93	M.Sc. Mental Health (Psychiatric)Nursing	2026-27
94	Post Basic B Sc Nursing	2026-27
	PHARMACEUTICAL	SCIENCES
95	B Pharm	2026-27
96	M.Pharm - Pharmaceutical Analysis	2026-27
97	M.Pharm - Pharmaceutical Chemistry	2026-27
98	M.Pharm - Pharmaceutics	2026-27
99	M.Pharm - Pharmacognosy	2026-27

Phone: 0487-2207664, 2207642 Fax: 0487 – 2207616, 2207620



100	M.Pharm – Pharmacology	2026-27
101	M.Pharm - Pharmacy Practice	2026-27
102	M.Pharm – Industrial Pharmacy	2026-27
103	M.Pharm – Pharmaceutical Regulatory Affairs	2026-27
104	M.Pharm – Pharmaceutical Quality Assurance	2026-27
105	Pharm.D	2026-27
106	Pharm.D (Post Baccalaureate)	2026-27

APPENDIX II

List of Enclosures to be submitted along with the application for starting new Colleges

- 1. Letter of Permission/Essentiality Certificate/No Objection Certificate from Government of Kerala, wherever necessary.
- 2. Copy of agreement with the Government of Kerala, wherever necessary.
- 3. In case of Trust, Registration Certificate and Bye-law of the trust.
- 4. Registered documents of the land (Attested by a Gazetted Officer).
- 5. Name, Address and contact numbers of Trustees/Board of Directors with attested copies of any of these: Aadhaar card No: /Voter's ID No./Pan Card No./Latest Telephone Bill.
- 6. Site Plan of the land with boundaries of all survey number certified by the Village Officer.
- 7. Valid Certificate from Pollution Control Board.
- 8. Possession Certificate of the land issued by the Village Officer.
- 9. Land Tax Certificate for the current year.
- 10. Location Certificate issued by the Village Officer.
- 11. No Encumbrance Certificate for the last 30 years issued by the Sub-Registrar.

- 12. Site Plan and Building plan including hostels, playground and Administrative Block approved by the Panchayat/ Municipality/Corporation.
- 13. Audited Balance Sheet of the Society/ Trust for the last 3 years.
- 14. Copy of the minutes of the meeting of the Society/ Resolution of the Trust to establish the college.
- 15. Details of staff along with their qualification, experience, salary and other emoluments and/or consent of staff to join the institution.
- 16. Affidavit as prescribed by the University from the Management in Kerala Stamp paper worth Rs.200/-.
- 17. Location of the College (Name of Place, Village, Taluk and District)
- 18. Name of other colleges conducting the course applied for, within the radius of 20km.
- 19. Details of previous applications if any, for obtaining affiliation in the same course and details of their disposal by the university.
- 20. Details of Library, Number of Books, Journals, Back Volumes, Online Journals etc.
- 21. Details of Class Rooms, Laboratories, Major Equipment
- * Item 2, 3, 4, 5,6,7,8,11,12,13& 14 above are not applicable to Government colleges.

Appendix III

List of Enclosures to be submitted along with the application by Colleges having Affiliated Courses of **KUHS**

- 1. Letter of Permission/Essentiality Certificate/No Objection Certificate from Government of Kerala, wherever necessary.
- 2. In case of Trust, Registration Certificate and Bye-law of the trust.
- 3. Name, Address and contact numbers of Trustees/Board of Directors with attested copies of any of these: Aadhaar card No: /Voter's ID No./Pan Card No./Latest Telephone Bill
- 4. Copy of the minutes of the meeting of the Society/ Resolution of the Trust to start the course/enhancement

Phone: 0487-2207664, 2207642 Fax: 0487 - 2207616, 2207620

of seats in the existing course.

- 5. Audited Balance Sheet of the Society/ Trust for the last 3 years.
- 6. Affidavit as prescribed by the University from the Management in Kerala Stamp paper worth Rs.200/-.
- 7. Details of staff along with their qualification, experience, salary and other emoluments.
- 8. Details of Library, Number of Books, Journals, Back Volumes, Online Journals etc.
- 9. Details of Class Rooms, Laboratories, Major Equipment.
- 10. List of existing courses in the college along with no. of seats and year of starting.
- 11. Location of the College (Name of Place, Village, Taluk and District)
- 12. Names of other Colleges conducting the course applied for, within the radius of 20km.
- 13. Details of previous applications if any, for obtaining affiliation in the same course and details of their disposal by the university.
- * Item 2, 3, 4 & 5 above are not applicable to Government colleges.

Please Note: In addition to the above, the institutions applying for affiliation shall be required to submit any other document asked by the university.

Registrar

(Digitally approved document; signature not required)

Phone: 0487-2207664, 2207642 Fax: 0487 - 2207616, 2207620