

KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR-680596

APPLICATION FOR INTER COLLEGE TRANSFER

Complete each item. Incomplete form will not be processed.

Name	
Address	
Telephone	
E mail	
University Reg No	
Are you currently registered	
Current College	
College to which transfer requested	
DD No, Bank and date	
Documents to be attached	I. NOC from both colleges II. Rank list from CEE III. Previous exam mark list

For Office use only

Acceptance effective from

Approval date

Name of the applicant

Name of the current college of applicant

Name of the transferred college of applicant

Asst.

SO/AR

Registrar

Date.....

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