



KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR – 680 596

Dated: 27-02-2013

**APPLICATION FOR CANCELLATION OR CANCELLATION AND
MIGRATION FOR DISCONTINUING STUDENTS**

University introduces the re - organized system for the Online Submission of the application for cancellation or cancellation and migration for discontinuing students. Please find the following instructions.

How to Apply:

1. Click on the link “Apply for Cancellation of Student Registration” on the University Website using the User ID and Password assigned to your College (Same as Exam registration login credentials) .
2. Go to [Non-Exam Applications](#) → [Cancellation](#) → [Apply](#); now fill the columns mentioned below.
3. Select Purpose
 - a) Student, who needs Cancellation only, Select Cancellation only in the drop down menu.
 - b) Student, who needs Cancellation and Migration Certificate, select Cancellation and Migration in the drop down menu.
4. Name of Course
5. Year of Admission
6. Reg No of the student whose registration is to be cancelled. When you select Reg No you can see the details of that student.
7. Then click the button [Enter Details](#).

Application Fee Details

8. Now enter DD Number, DD Date, Bank and DD Amount
9. Then Click the button [Save](#).



KERALA UNIVERSITY OF HEALTH SCIENCES
THIRISSUR – 680 596

Dated: 27-02-2013

10. If the Application saved successfully, you can see a page as below.

Cancellation Details Of Reference Id # : 40

Application No	40
Name of Student	ABIN.V.KUMBATTU
Date Of Birth	1991-11-24
Register Number	100020002
Address for Communication	
College	Al-Azhar Dental College, Thodupuzha
Year Of Admission	2010
Application Status	Not Finalised
Demand Draft Number	1001001
Demand Draft Date	2013-02-01
Bank	State Bank Of India
Demand Draft Amount	1000.00
Migration No	
Cancelation No	
Remarks	

11. If you want to cancel the Application, Click on the [Delete Request](#) button.
12. If you want to make any change in the Application, Click on the [Edit Request](#) button at the bottom of this page.
13. After changing the Application, Click on the [Save](#) button.
14. Verify whether the Entered Details are Correct or Not.



KERALA UNIVERSITY OF HEALTH SCIENCES
THIRISSUR – 680 596

Dated: 27-02-2013

15. Then click on [Freeze Request](#) button at the end of the Application Detail page (After freezing the request you are not permitted to make any changes in the Application form).

Cancellation Details Of Reference Id # : 40

Application No	40
Name of Student	ABIN.V.KUMBATTU
Date Of Birth	1991-11-24
Register Number	100020002
Address for Communication	
College	Al-Azhar Dental College, Thodupuzha
Year Of Admission	2010
Application Status	Not Approved
Demand Draft Number	1001001
Demand Draft Date	2013-02-01
Bank	State Bank Of India
Demand Draft Amount	1000.00
Migration No	
Cancelation No	
Remarks	

[Back to Application](#) [Print Application](#)

16. Take the Printout of the Application by clicking the button [Print Application](#). And please note down the **Application No** printed at the top left corner of the **Printout of the Application**.
17. This Report should be counter signed by the **Principal / Head of Institution** before sending to the University.



KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR – 680 596

Dated: 27-02-2013

List of Enclosures:

1. **University ID Card** of the Student (Original).
2. **Application Print Out** counter signed by the **Principal/Head of Institution**.
3. **Demand Draft** in favour of **Registrar, KUHS** payable at **Thrissur**.
4. **Non Objection Certificate** for Cancellation / Cancellation and Migration issued by the **Principal/Head of the Institution**.

Fee for Cancellation Or Cancellation And Migration (During Course):

For U.G.

For candidates who are from **Medical Stream** **Rs.2000/-**

For Candidates who are from **Para Medical Stream** **Rs.1000/-**

For P.G.

For candidates who are from **Medical Stream** **Rs.4000/-**

For Candidates who are from **Para Medical Stream** **Rs.2000/-**

Demand Draft should be taken in favour of **Registrar, KUHS** payable at **Thrissur**.

Address to which Application should be send:

To

Registrar

Kerala University of Health Sciences

Thrissur – 680596

Website: www.kuhs.ac.in

Phone: 0487 – 2207664, 2207642 (Exams)

Email: keralahealthuniversity@gmail.com, kuhsce@gmail.com & kuhsce1@gmail.com (Exams)

Fax: 0487 – 2207616, 2207620 (Exams)



KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR – 680 596

Dated: 27-02-2013

Status of Application:

After sending/submitting the application to the University, you can check the status of your application in the University website. For this go to **“Cancellation”** link in the University Website and click on **“Check Status”**. It will ask for the **Application No.** Enter the **Application No** and click on the **Application No** shown in the screen. There you can see the status of your application. Please refer the screen shot below.

List of Cancellation / Migration Requests

To View Details of a Request, Enter the Application No: Displaying 1-1 of 1 result(s).

Application No: 40
Name of Student: ABIN.V.KUMBATTU
Date Of Birth: 1991-11-24
Register Number: 100020002
Address for Communication:
Name Of College: AL-AZHAR DENTAL COLLEGE
Name Of Course: BDS
Status of Cancellation/Migration: Not Processed