

KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR -680596
APPLICATION FOR EQUIVALENCE CERTIFICATE
(for job purposes only)

Complete each item. Incomplete form will not be processed.

| | | |
|----|---|--|
| 1 | Name of the applicant (In Block capitals) | |
| 2 | Sex (Male/Female) | |
| 3 | Name of the examination passed by the applicant for which Equivalence is required | |
| 4 | Name of the University/Board which conducted the examination | |
| 5 | Address of the college where the applicant has undergone study | |
| 6 | Mode of Study(Regular /Distant) | |
| 7 | Month and year of Exam passed | |
| 8 | Duration of course with Internship details | |
| 9 | Course under KUHS, with which Equivalency Certificate is Sought | |
| 10 | Purpose of Equivalence Certificate (with proof) | |
| 11 | Address to which communications are to be sent (Block Letters) | |
| 12 | Phone number and e-mail | |
| 13 | Signature of the Applicant | |
| 14 | <u>Online Payment details:</u> *e-challan no. and KUHS reference no | |

(*Note: Fee once remitted will not be refunded under any circumstances)

Declaration

I _____ do hereby declare that the information given above is true to the best of my knowledge and belief. I am aware of the fact that if the information given by me is proved to be false at any point of time, the certificate obtained by me is liable to be cancelled by the university.

Place:

Date:

Name and signature of the applicant

ENCLOSURES TO BE SUBMITTED ALONG WITH THE APPLICATION

1. Print out of online fee acknowledgement slip
2. Copies of the following certificates (self-attested)
 - a. Degree / Provisional Certificate
 - b. Mark Lists of all semesters/years
 - c. Council registration certificate of respective Kerala State councils (For Nursing, KNMC is mandatory)
 - d. Copy of Scheme and syllabus of the course (soft copy) - Attested by the University/ Institution.

Note: (soft copy of scheme & syllabus shall be mailed to: eligibility.certificates@kuhs.ac.in)

Address to which hard copies of the Application along with enclosures to be sent:

The Registrar
Kerala University of Health Sciences,
Medical College P.O.,
Thrissur – 680596.