

Affidavit Registration Form For Affiliated Colleges

College Code	C 58110
College Name	GOVERNMENT MEDICAL COLLEGE KOLLAM
University Code	U-0630
University Name	KERALA UNIVERSITY OF HEALTH AND ALLIED SCIENCES
College Director's Name *	Dr. RESMI RAJAN
College Phone Number (+91)*	4742575574

Details Of The Course (UG/PG/Diploma)*

Name of the Course *	MBBS
Number of students in your class*	110
Current year of study*	1
Nearest Police station to your college*	PARIPPALLY