

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. Indu P S

College Phone Number (+91)* 0 474 257 4574

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

Kindly bring the Print out of Affidavit.