



KMCT

COLLEGE OF ALLIED HEALTH SCIENCES

Affiliated to Kerala University of Health Sciences and approved by Govt. of Kerala

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge.




Principal
Principal
KMCT College of Allied Health Sciences
P.O. Manasseery, Mukkam
Kozhikode, Pin - 673602

Muthalam, Mukkam, Kozhikode - 673602

☎ 0495-2296522, 2986522, 9526013000

✉ healthscience@kmct.edu.in 🌐 www.kmcthealthsciences.org



INNOVATION AND
ENTREPRENEURSHIP
DEVELOPMENT CENTRE



Scanned with OKEN Scanner



KMCT

COLLEGE OF ALLIED HEALTH SCIENCES

Affiliated to Kerala University of Health Sciences and approved by Govt. of Kerala

5.1.1 Attested copies of the sanction letters from the sanctioning authorities.



[Handwritten Signature]
Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602

Muthalam, Mukkam, Kozhikode - 673602

☎ 0495-2296522, 2986522, 9526013000

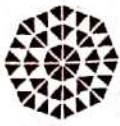
✉ healthscience@kmct.edu.in 🌐 www.kmcthealthsciences.org



INNOVATION AND
ENTREPRENEURSHIP
DEVELOPMENT CENTRE



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KMCT

COLLEGE OF ALLIED HEALTH SCIENCES

Affiliated to Kerala University of Health Sciences and approved by Govt. of Kerala

KMCT-CAHS/2018/Stud - Welfare

Date: 29/3/2018

PROCEEDINGS OF THE PRINCIPAL

As per the request letter received from the students for availing institutional scholarship, the Academic council of KMCT College of Allied Health Sciences has decided to sanction the scholarships for the academic year 2018- 2019 for the following beneficiaries.



Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602

Muthalam, Mukkam, Kozhikode - 673602

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INNOVATION AND
ENTREPRENEURSHIP
DEVELOPMENT CENTRE



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KMCT College of Allied Health Sciences
Manassery PO Mukkam
Kozhikode

Fee Concession
Ledger Account

1-Apr-18 to 31-Mar-19

Page 1

Date	Particulars	Class	Gender	Vch Type	Vch No.	Debit	Credit
25-Mar-19	Cr Safa Parvin. K V 2014 <i>Fee concession given by Dr. K M Navas For settlement of Fee</i>			Journal	Tff/Settled	50,000.00	
						50,000.00	
Dr	Closing Balance						50,000.00
						50,000.00	50,000.00



Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602



KMCT COLLEGE OF ALLIED HEALTH SCIENCES
APPLICATION FOR STUDENT SCHOLARSHIP

I, Safa Parvin. K. V S/O, D/O Abdul Kareem. K. V studying
in 2014-2015 year of BSc..... MLT..... course. Due to poor financial
background, I would like to request you to consider me for the institutional scholarship
provided by the KMCT group.

Kindly consider

Thank you

Yours faithfully

Safa Parvin. K. V

Safa
(Name & signature)

[Signature]
Head of the department

[Signature]
Principal/ Academic council Chairman



Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602



KMCT

Ph: 0495-2291680

COLLEGE OF ALLIED HEALTH SCIENCES

(Sponsored by Kunhitharuvai Memorial Charitable Trust)

K. M. C. T. Medical College Campus, Manassery P.O., Mukkam, Kozhikode (Dist)- 673602

2014-2015 BATCH APPLICATION FORM



COURSE APPLIED FOR ADMISSION : BSc MLT
CATEGORY OF SEAT (Govt./Mngt) : Management

- 1) Name of the Candidate (In block letters) : SAFA PARVIN K.V
As in S.S.L.C. Mark list
2) Age & Date of Birth : 18 Years, 20/05/1996
3) Sex : Male/Female
4) Nationality : Indian
5) Marital status : Single/Married
6) Religion & Caste : Islam - Muslim
7) Whether belongs to SC/ST/OBC : OBC
8) Name of Father/ Guardian : ABDUL KAREEM K.V
9) Occupation : Primary Teacher
10) Annual Income : 70000
11) Address for communication : (Any change in address or phone number of Guardian, Should be informed in college)
ABDUL KAREEM K.V.
PARAMMAL(H)
KUNYIL, KIZHUPARAMBA (P.O)
MALAPPURAM (DT) PIN-673635
Land Phone No. with STD code : 0483-2859925
Mobile Number Parent/Guardian/Student : 9447414138, 9497555767
12) Permanent Address : PARAMMAL(H), KUNYIL,
KIZHUPARAMBA (P.O)
MALAPPURAM (DT) .PIN-673635

Land Phone No. With STD code : 0483-2859925
Mobile Number : 9447414138, 9497555767



Handwritten signature

Principal
College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin-673602

14. Qualifying Exam passed

: SSSL, PLUS TWO (SCIENCE)

a) Name of the university/Board

: Board of Higher Secondary examination,
Govt. of Kerala.

b) Reg. No.

c) Month & Year

March 2014

c) School were educated

: S.O.H.S. SCHOOL, AREA CODE


Subject	Max. marks	Marks scored	Percentage	Grade
Physics	200	141 ✓	70.5	B ⁺
Chemistry	200	137 ✓	68.5	B
Biology	200	144 ✓	72	B ⁺
Total	600	422	70.3	B ⁺

DECLARATION OF CANDIDATE

I hereby declare that the information given above is correct to the best of my knowledge and belief and I agree to abide the rules and regulations of the college

Place : KUNNIPPAL

Date : 01.09.2014



Signature of the Applicant

DECLARATION OF THE PARENT/GUARDIAN

I hereby declare that the information furnished above by my son/daughter is correct in all respects. I agree to pay all the fees of my ward at the time of admission and on the first working day of second year. If my ward discontinues the course of study I undertake to pay the entire fees due, to the college for the complete duration of the course.

Place : KUNNIPPAL

Date : 01/09/14

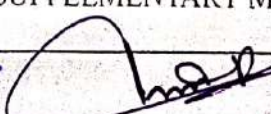

Signature of the Parent/Guardian

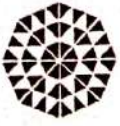
FOR OFFICE USE ONLY

CHECK LIST

	PARTICULARS	Y/N		PARTICULARS	Y/N
1	TWO PHOTOS	✓	5	CONDUCT CERTIFICATE	✓
2	S.S.L.C.MARKLIST	✓	6	TRANSFER CERTIFICATE	✓
3	+2/VHSE MARKLIST	✓		SUPPLEMENTARY MARK LIST	
4	VHSE CERTIFICATE	✓			




Principal
KJ Somaiya Institute of Allied Health Sciences
P.O. Manassery, Mulkam
Kozhikode, Pin - 673602



KMCT

COLLEGE OF ALLIED HEALTH SCIENCES

Affiliated to Kerala University of Health Sciences and approved by Govt. of Kerala

KMCT-CAHS/2020/ Stud - Welfare

Date: 04/03/20

PROCEEDINGS OF THE PRINCIPAL

As per the request letter received from the students for availing institutional scholarship, the Academic council of KMCT College of Allied Health Sciences has decided to sanction the scholarships for the academic year 2020- 2021 for the following beneficiaries.



Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602



INNOVATION AND
ENTREPRENEURSHIP
DEVELOPMENT CENTRE



KMCT College of Allied Health Science 2020-21

Manassery Po

Mukkom

Kozhikode

Fee Concession

Ledger Account

1-Apr-20 to 31-Mar-21

Page 1

Date	Particulars	Class	Gender	Vch Type	Vch No.	Debit	Credit
5-Oct-20	Cr (as per details)			Journal	CD/Adj	1,37,200.00	
	Caution Deposit Bsc Perfusion Technology 2016		20,000.00 Dr				
	Hostel Caution Deposi Bsc Perfusion Technology 2017		6,000.00 Dr				
	Aneesha. A 2016		1,63,200.00 Cr				
	<i>caution deposit and hostel caution deposit of Aneesha A 2016batchadjusted and balance amount trnsfer to fee concession account.</i>						
15-Jan-21	Cr Shahabana 2016			Journal	Fee/ Concession	15,000.00	
	<i>fee Concession given to Shaharbana Bpt-2016 batch</i>						
18-Jan-21	Cr Rasna Ravi.T 2015			Journal	Fee/Concession	30,000.00	
	<i>Fee Concession given to Ransa Ravi 2015 bpt batch Student By Dr. K M Navas</i>						
31-Mar-21	Cr Amna Nasrin. P 2013			Journal	Fee/Adj	39,000.00	
	<i>Fee Concession given by Dr. K M Navas</i>						
						2,21,200.00	
Dr	Closing Balance						2,21,200.00
						2,21,200.00	2,21,200.00

Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602




KMCT COLLEGE OF ALLIED HEALTH SCIENCES
APPLICATION FOR STUDENT SCHOLARSHIP

I, Aneesha A..... S/O, D/O S. Abdul Khadar..... studying
in 2015-2017 year of B.Sc. Perfusion Technology course. Due to poor financial
background, I would like to request you to consider me for the institutional scholarship
provided by the KMCT group.


Kindly consider

Thank you

Yours faithfully

Aneesha A

(Name & signature)

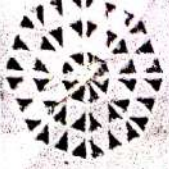

Head of the department


Principal/ Academic council Chairman



Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602





K.M.C.T. COLLEGE OF ALLIED HEALTH SCIENCES

(Sponsored by Kunhitharuvai Memorial Charitable Trust)
K.M.C.T. Medical College Campus, Manassery P.O., Mukkam, Kozhikode (Dist) - 673 602

..... - BATCH APPLICATION FORM



COURSE APPLIED FOR ADMISSION : BSC Perfusion
CATEGORY OF SEAT (Govt. / Mngt) : Management

- 1) Name of the Candidate (In block letters) As in S.S.L.C. Mark list : ANEESHA A
- 2) Age & Date of Birth : 20, 28/06/1996
- 3) Sex : Male / Female
- 4) Nationality : Indian
- 5) Marital status : Single / Married
- 6) Religion & Caste : Islam, Muslims
- 7) Whether belongs to SC/ST/OBC : OBC
- 8) Name of Father/Guardian : S. Abdul Khadar
- 9) Occupation : /
- 10) Annual Income : 35000
- 11) Address for communication : (Any change in address or phone number of Guardian; Should be informed in college)

Pulari E 26B
PWD Quater
Paimavay P.O
Idukki

Land Phone No. with STD code

Mobile Number Parent / Guardian / Student : (M) 9447080998, 9497117480

12. Permanent Address

Pulari kummicode P.O
Kollam, 691508



[Signature]
Principal
College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602

Land Phone No. with STD code

Qualifying Exam passed

12

a) Name of the University / Board :

b) Reg. No. 1510410

c) Month & Year March 2016

c) School were educated

: GOVT. VOCATIONAL HIGHER SECONDARY

Subject	Max. Marks	Marks scored	Percentage	Grade
Physics	200	146	B+	B+
Chemistry	200	162	A	A
Biology	200	165	A	A
Total	600	473		

DECLARATION OF CANDIDATE

I hereby declare that the information given above is correct to the best of my knowledge and belief and I agree to abide the rules and regulations of the college

Place: Kozhikkode

Date: 19/12/16

Signature of the Applicant

DECLARATION OF THE PARENT / GUARDIAN

I hereby declare that the information furnished above by my son / daughter is correct in all respects. I agree to pay all the fees of my ward at the time of admission and on the first working day of second year. If my ward discontinues the course of study I undertake to pay the entire fees due, to the college for the complete duration of the course.

Place: Kozhikkode

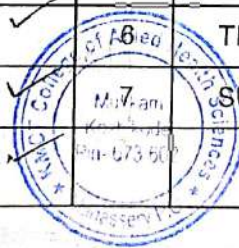
Date: 19/12/16

Signature of the Parent / Guardian

FOR OFFICE USE ONLY

CHECK LIST

	PARTICULARS	Y/N		PARTICULARS	Y/N
1	TWO PHOTOS	✓	5	CONDUCT CERTIFICATE	✓
2	S.S.L.C. MARKLIST	✓		TRANSFER CERTIFICATE	✓
3	+ 2 / VHSE MARK LIST	✓		SUPPLEMENTARY MARK LIST	
4	VHSE CERTIFICATE	✓			



Remarks :

Fees paid :

Principal
College of Allied Health Sciences
P.O. Manassery, Muzhappilly

Signature of the Principal

KMCT COLLEGE OF ALLIED HEALTH SCIENCES

APPLICATION FOR STUDENT SCHOLARSHIP

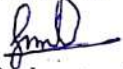
I.....SHAHBANU..... S/O, D/O..SHARAFUDHEEN.K studying in 2016-2017 year of B.P.T.....course. Due to poor financial background, I would like to request you to consider me for the institutional scholarship provided by the KMCT group.

Kindly consider

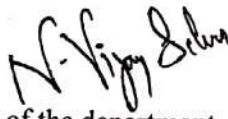
Thank you

Yours faithfully

SHAHBANU




(Name & signature)



Head of the department

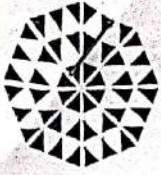
Prof. Dr. Vijay Selvan N.
Head of the Department
Department of Physiotherapy
KMCT College of Allied Health Sciences
Manassery Mulkam, Kozhikode -673602



Principal/ Academic council Chairman

Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mulkam
Kozhikode, Pin - 673602





KMCT

Ph: 0495 - 2296522

COLLEGE OF ALLIED HEALTH SCIENCES

(Sponsored by Kunhitharuvai Memorial Charitable Trust)

K.M.C.T. Medical College Campus, Manassery P.O., Mukkam, Kozhikode (Dist) - 673 602

BATCH
APPLICATION FORM

- COURSE APPLIED FOR ADMISSION : BPT
- CATEGORY OF SEAT (Govt. / Mngt) : Mngt
- 1) Name of the Candidate (In block letters) As in S.S.L.C. Mark list : SHAHBANU
- 2) Age & Date of Birth : 18 24-11-1997
- 3) Sex : Male / Female
- 4) Nationality : Indian
- 5) Marital status : Single / Married
- 6) Religion & Caste : Muslim Islam
- 7) Whether belongs to SC/ST/OBC : OBC
- 8) Name of Father/Guardian : SHARFUDHEEN.K
- 9) Occupation : Business
- 10) Annual Income : 26,000
- 11) Address for communication : (Any change in address or phone number of Guardian, Should be informed in college)
Moothedath (H) mongam P.O malappuram
Pin : 673642

Land Phone No. with STD code : 0483 -2772 804

Mobile Number Parent / Guardian / Student : 9461 975 439 , 9400934905

12. Permanent Address : Moothedath (H) mongam P.O malappuram
Pin : 673642



Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602

Qualifying Exam passed : +2
 a) Name of the University / Board : Central Board
 b) Reg. No. 14827631 c) Month & Year March 2016
 c) School were educated : Marikazal uloom english senior secondary School kondotty

Subject	Max. Marks	Marks scored	Percentage	Grade
Physics	100	63	63	C2
Chemistry	100	64	64	C1
Biology	100	78	78	C1
Total	300	205	68.3%	

DECLARATION OF CANDIDATE

I hereby declare that the information given above is correct to the best of my knowledge and belief and I agree to abide the rules and regulations of the college

Place: Mangam

Date: 29-08-2016

[Signature]
 Signature of the Applicant

DECLARATION OF THE PARENT / GUARDIAN

I hereby declare that the information furnished above by my son / daughter is correct in all respects. I agree to pay all the fees of my ward at the time of admission and on the first working day of second year. If my ward discontinues the course of study I undertake to pay the entire fees due, to the college for the complete duration of the course.

Place: Mangam

Date: 29-08-2016

[Signature]
 Signature of the Parent / Guardian

FOR OFFICE USE ONLY

CHECK LIST

	PARTICULARS	Y/N		PARTICULARS	Y/N
1	TWO PHOTOS	5		CONDUCT CERTIFICATE	✓
2	S.S.L.C. MARKLIST	6		TRANSFER CERTIFICATE	✓
3	+ 2 / VHSE MARK LIST	7		SUPPLEMENTARY MARK LIST	✓
4	VHSE CERTIFICATE				

Principal
 College of Allied Health Sciences
 P.O. Manassery, Mukkam
 Kozhikode, Pin - 673602

Remarks :

KMCT COLLEGE OF ALLIED HEALTH SCIENCES
APPLICATION FOR STUDENT SCHOLARSHIP

I, Rasna Ravi T S/O, D/O Ravi T studying
in 2015-2016 year of BPTcourse. Due to poor financial
background, I would like to request you to consider me for the institutional scholarship
provided by the KMCT group.

Kindly consider

Thank you

Yours faithfully

Rasna Ravi T
(Name & signature) Rasna

N. Vijay Selvan
Head of the department

Prof. Dr. Vijay Selvan N.
Head of the Department
Department of Physiotherapy
KMCT College of Allied Health Sciences
Manassery, Mukkam, Kozhikode -673602

[Signature]
Principal/ Academic council Chairman

Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602





KMCT COLLEGE OF ALLIED HEALTH SCIENCES

Ph: 0495-2291680

(Sponsored by Kunhitharuvai Memorial Charitable Trust)
K. M. C. T. Medical College Campus, Manassery P.O., Mukkam, Kozhikode (Dist)- 673602

2015...2019 BATCH APPLICATION FORM



COURSE APPLIED FOR ADMISSION : BPT
CATEGORY OF SEAT (Govt./Mngt) : Govt

- 1) Name of the Candidate (In block letters)
As in S.S.L.C. Mark list : RASNA RAVI-T
- 2) Age & Date of Birth : 19, 14/07/1996
- 3) Sex : Male/Female
- 4) Nationality : Indian
- 5) Marital status : Single/Married
- 6) Religion & Caste : Hindu, Thiyya
- 7) Whether belongs to SC/ST/OBC : OBC
- 8) Name of Father/ Guardian : Ravi-T
- 9) Occupation : Driver
- 10) Annual Income : 40,000
- 11) Address for communication : (Any change in address or phone number of Guardian, Should be informed in college)
Thannodath(H), Aingoth,
Padannekad (P.O), Nileswar(Via)
Kasargod (Dist)
Pin - 671314

Land Phone No. with STD code :

Mobile Number Parent/Guardian/Student

8281380991,

12) Permanent Address

Thannodath(H), Aingoth,
Padannekad (P.O), Nileswar(Via),
Kasargod (Dist)
Pin - 671314

Land Phone No. With STD code

Mobile Number



9400401225

Principal

KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode. Pin - 673602

14. Qualifying Exam passed : HSE Kerala (Plus two)
 a) Name of the university/Board : HSE Kerala
 b) Reg. No. 1427262 c) Month & Year March, 2014
 c) School were educated : G.H.S.S Hosdurg.

Subject	Max. marks	Marks scored	Percentage	Grade
Physics	200	183	91.5%	A+
Chemistry	200	183	91.5%	A+
Biology	200	191	95.5%	A+
Total	600	557	92.8%	

DECLARATION OF CANDIDATE

I hereby declare that the information given above is correct to the best of my knowledge and belief and I agree to abide the rules and regulations of the college

Place : Manassery

Date : 10/08/15



Signature of the Applicant

DECLARATION OF THE PARENT/GUARDIAN

I hereby declare that the information furnished above by my son/daughter is correct in all respects. I agree to pay all the fees of my ward at the time of admission and on the first working day of second year. If my ward discontinues the course of study I undertake to pay the entire fees due, to the college for the complete duration of the course.

Place : Manassery

Date : 10/08/15

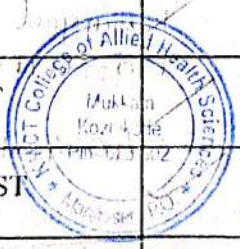


Signature of the Parent/Guardian

FOR OFFICE USE ONLY

CHECK LIST

	PARTICULARS	Y/N		PARTICULARS	Y/N
1	TWO PHOTOS	<input checked="" type="checkbox"/>	5	CONDUCT CERTIFICATE	<input checked="" type="checkbox"/>
2	S.S.L.C.MARKLIST	<input checked="" type="checkbox"/>	6	TRANSFER CERTIFICATE	<input checked="" type="checkbox"/>
3	+2/VHSE MARKLIST	<input checked="" type="checkbox"/>	7	SUPPLEMENTARY MARK LIST	<input checked="" type="checkbox"/>
4	VHSE CERTIFICATE	<input checked="" type="checkbox"/>			



Principal
 Government College of Allied Health Sciences
 Manassery, Hosdurg
 Hosdurg, Pin - 573202

KMCT COLLEGE OF ALLIED HEALTH SCIENCES
APPLICATION FOR STUDENT SCHOLARSHIP

I, Amana Nasrin P STO, D/O Yakkoob studying
in 2013-2014 year of B.Sc. MLT course. Due to poor financial
background, I would like to request you to consider me for the institutional scholarship
provided by the KMCT group.

Kindly consider

Thank you

Yours faithfully

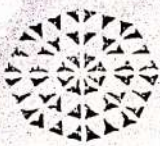
Amana Nasrin P
(Name & signature)

[Signature]
Head of the department

[Signature]
Principal/ Academic council Chairman



Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602



KMCT

COLLEGE OF ALLIED HEALTH SCIENCES

(Sponsored by Kunhitharuvai Memorial Charitable Trust)
K.M.C.T. Medical College Campus, Manassery P.O., Mukkam, Kozhikode (Dist) - 673 602

Ph: 0495 - 2291680

APPLICATION FORM



COURSE APPLIED FOR ADMISSION : AMANA

CATEGORY OF SEAT (Govt. / Mngt) : AMANA

1) Name of the Candidate (In block letters) As in S.S.L.C. Mark list : AMANA NASRIN P

2) Age & Date of Birth : 17, 20-9-1995

3) Sex : Male / Female

4) Nationality : INDIAN

5) Marital status : Single / Married

6) Religion & Caste : MUSLIM, MAPPILA

7) Whether belongs to SC/ST/OBC : OBC

8) Name of Father/Guardian : YAKKOUB

9) Occupation : BUSINESS

10) Annual Income : 50000

11) Address for communication : MOOTHE DATH CHD
KUTTAMANGALAM
MANDAD (P.O)
WAYANAD

Land Phone No. with STD code : 04936-207391

Mobile Number : 9526648329

12. Permanent Address : MOOTHE DATH CHD
KUTTAMANGALAM
MANDAD (P.O) WAYANAD
PIN: 673122

Land Phone No. with STD code : 04936-207391, 9526648329

Mobile Number : 9526648329



[Signature]
Principal
College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673 602

Qualifying Exam passed : +2 PASSED

a) Name of the University / Board :

b) Reg. No. 1223 488 c) Month & Year

c) School were educated :

Subject	Max. marks	Marks scored	Percentage
Physics	142		
Chemistry	129		
Biology	142		
Total	413		

DECLARATION OF CANDIDATE

I hereby declare that the information given above is correct to the best of my knowledge and belief and I agree to abide the rules and regulations of the college

Place: WAYANAD

Date: 19-9-2013

Signature of the Applicant

DECLARATION OF THE PARENT / GUARDIAN

I hereby declare that the information furnished above by my son / daughter is correct in all respects. I agree to pay all the fees of my ward at the time of admission and on the first working day of second year. If my ward discontinues the course of study I undertake to pay the entire fees due, to the college for the complete duration of the course.

Place: WAYANAD

Date: 19-9-2013

Signature of the Parent / Guardian

FOR OFFICE USE ONLY

CHECK LIST

	PARTICULARS	Y/N		PARTICULARS	Y/N
1	TWO PHOTOS	✓	5	CONDUCT CERTIFICATE	✓
2	S.S.L.C. MARKLIST	✓	6	TRANSFER CERTIFICATE	✓
3	+2 / VHSE MARK LIST	✓	7	SUPPLEMENTARY MARK LIST	✓
4	VHSE CERTIFICATE	✓			

Remarks :

Fees paid :



Signature of the Principal

Principal
NMCT College of Allied Health Sci.
P.O. Manassery, Mukkam
Kozhikode, Pin - 673002



KMCT

COLLEGE OF ALLIED HEALTH SCIENCES

Affiliated to Kerala University of Health Sciences and approved by Govt. of Kerala

KMCT-CAHS/2021/Stud-Welfare

Date: 29/03/2021

PROCEEDINGS OF THE PRINCIPAL

As per the request letter received from the students for availing institutional scholarship, the Academic council of KMCT College of Allied Health Sciences has decided to sanction the scholarships for the academic year 2021- 2022 for the following beneficiaries.



Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602

Muthalam, Mukkam, Kozhikode - 673602

☎ 0495-2296522, 2986522, 9526013000

✉ healthscience@kmct.edu.in 🌐 www.kmcthealthsciences.org



INNOVATION AND
ENTREPRENEURSHIP
DEVELOPMENT CENTRE



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KMCT College of Allied Health Science 2021-22
KMCT Medical Campus, Manassery, Mukkam -Kozhikode

Fee Concession
Ledger Account

1-Apr-21 to 31-Mar-22

Page 1

Date	Particulars	Class	Gender	Vch Type	Vch No.	Debit	Credit
29-Apr-21	Cr Alka Fathima 2019 <i>Fee Concession Given to Alka Fathima 2019 batch student(Paid first year fee Completely)(concession given for last three years fee Except RS-155575 t(to be collected)</i>			Journal	Fee/adj	1,81,550.00	
29-Mar-22	Cr Aysha Hana 2018 <i>Fee Concession Given to AYsha Hana 2018 Batch (forth year fees)</i>			Journal	Fee/adj	25,000.00	
	Cr Muhammed Sha 2015 <i>Fee concession given to Muhammed sha BPT-2015 batch</i>			Journal	Fee/adj	3,30,000.00	
						5,36,550.00	
Dr	Closing Balance						5,36,550.00
						5,36,550.00	5,36,550.00



Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602



KMCT COLLEGE OF ALLIED HEALTH SCIENCES
APPLICATION FOR STUDENT SCHOLARSHIP

I, Alka Fathima..... S/O, D/O Zakeer Hussain studying
in 2019-2020 year of BSc..... Optometry course. Due to poor financial
background, I would like to request you to consider me for the institutional scholarship
provided by the KMCT group.

Kindly consider

Thank you

Yours faithfully

Alka Fathima

Alka
(Name & signature)

Head of the department



Principal/ Academic council Chairman

Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602





COLLEGE OF ALLIED HEALTH SCIENCES

(Sponsored by Kunhitharuvai Memorial Charitable Trust)
MANASSERY P.O., THOONGAMPURAM. MUTHALAM, MUKKAM, KOZHICODE-673 602

BATCH APPLICATION FORM



COURSE APPLIED FOR ADMISSION

: BSc Opto.

CATEGORY OF SEAT (Govt. / Mngt)

:

1) Name of the Candidate (In block letters)
As in SSLC Mark list

ALKA FATHIMA.

Middle Name

-

Last Name

-

2) Age & Date of Birth

18, 03-08-2001

3) Gender

: Male / Female

4) Religion & Caste

Islam - Muslims.

5) Category (SC/ST/OBC)

: OBC - Muslims.

6) Marital Status

: Single / Married

7) Nationality

Indian.

8) Email

alka.fathima122@gmail.com.

9) Mobile Number

9207391495

10) Aadhar Number

7599 2657 5149

Family Status

Agriculture

1) Name of Father

Zakeer Hussain.

a) Education

S.S.L.C.

b) Occupation

Agriculture

c) Annual Income

35000/-

d) Mobile Number

1: 9207391495,

2: 9745419717.

3: 9446313677,

e) Email

NA.

f) Aadhar No.

Nil.

2) Name of Mother

Risha.

a) Education

B.com.

b) Occupation

Hiw.

c) Annual Income

NA.



[Signature]
Principal

Principal
College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602

- d) Mobile Number 9207391495
- e) Email N/A
- f) Aadhar No. 955912271771

3) Permanent Address Address for communication

ALFAJAR
THEVER KUNNU.
EDAMON. P.O
EDAMON.
PIN 691307

ALFAJAR
THEVER KUNNU.
EDAMON. P.O
EDAMON.
PIN-691307

PIN: 691307

PIN: 691307

4) Details of Guardian (if any)

- a) Name M.A. Azeez
- b) Education BA
- c) Occupation Govt services
- d) Annual Income 750000/-

Land Phone No. with 9446313677.

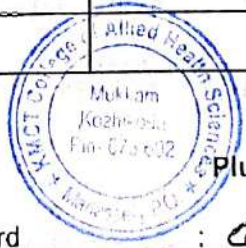
STD Code

- f) Email a212ma1552@gmail.com
- g) Aadhar No. PEN No. 713502

EDUCATIONAL DETAILS

- Qualifying Exam Passed : SSLC ✓
- a) Name of the University / Board : Central Board of Examinations
- b) Reg. No. 4331764 c) Month & Year 2017 - March.
- d) School where educated : Kozhivalloor Oxford Central School

Subject	Max. Marks	Marks Scored	Percentage	Grade
Physics				
Chemistry				
Biology		A2	90%	
Total				



Qualifying Exam Passed

Plus Two

- a) Name of the University / Board : Central Board of Secondary Education
- b) Reg. No. 4805596 c) Month & Year

[Signature]
Principal
P.O. Menasery, Mukham
Kozhivallur, Pin - 691302


KMCT COLLEGE OF ALLIED HEALTH SCIENCES
APPLICATION FOR STUDENT SCHOLARSHIP

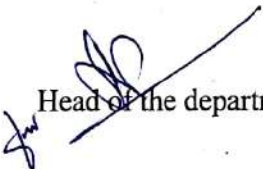
I AYISHA HANA..... S/O, D/O MUSEEB RAHMAN ^{IP} studying
in 2018-2019 year of BSc: MLT.....course. Due to poor financial
background, I would like to request you to consider me for the institutional scholarship
provided by the KMCT group.

Kindly consider

Thank you

Yours faithfully

AYISHA HANA 
(Name & signature)


Head of the department


Principal/ Academic council Chairman



Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602



COLLEGE OF ALLIED HEALTH SCIENCES

(Sponsored by Kunhitharuvai Memorial Charitable Trust)

MANASSERY P.O., THOONGAMPURAM, MUTHALAM, MUKKAM, KOZHIKODE - 673 602

BATCH APPLICATION FORM



COURSE APPLIED FOR ADMISSION

: BSc MLT

CATEGORY OF SEAT (Govt. / Mngt)

: management-

1) Name of the Candidate (In block letters)
As in SSLC Mark list

: AYISHA HANA

First Name

: Ayisha

Middle Name

: -

Last Name

: Hana

2) Age & Date of Birth

: 18 years - 13-8-2000

3) Gender

: Male / Female

4) Religion & Caste

: Islam Mappila

5) Category (SC/ST/OBC)

: OBC

6) Marital Status

: Single / Married

7) Nationality

: Indian

8) Email

: Mujib333@gmail.com

9) Mobile Number

: 9995712509

10) Aadhar Number

: 382048128565

II Family Status

: Family

1) Name of Father

: Mujeeb Rahman-p

a) Education

: SSLC

b) Occupation

: Cooker

c) Annual Income

: 18,000/-

d) Mobile Number

1: 9995712509

2: 9387055679

e) Email

: Mujib333@gmail.com

f) Aadhar No.

: 382048128565

2) Name of Mother

: Jessey-k

a) Education

: SSLC, VHSE, DMLT

b) Occupation

: Teacher

c) Annual Income

: 18,000/-



Principal
College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602

d) Mobile Number

: 9389055677

e) Email

: jeseysk@gmail.com

f) Aadhar No.

: 641139724928

344848809831
Address for communication

3) Permanent Address

"Ayisha Hana"

Ayisha Hana

"Darul Hana"

D/o Mujeeb Rahman

Puthiyedath - House

"Darul Hana"

Mayanad - Po

Puthiyedath - (II)

Mayanad - Po

PIN: 673008

PIN: 673008

4) Details of Guardian (if any)

: NO. (Father - Emancipated)

a) Name

b) Education

c) Occupation

d) Annual Income

e) Mobile Number:

Land Phone No. with

STD Code

f) Email

g) Aadhar No.

EDUCATIONAL DETAILS

Qualifying Exam Passed

: SSLC, VJSE, MAHE

a) Name of the University / Board

: Board

b) Reg. No. 309850

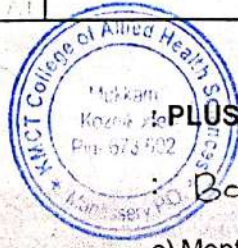
c) Month & Year

March 2016

d) School where educated

Subject	Max. Marks	Marks Scored	Percentage	Grade
Physics				A
Chemistry				A
Biology				A
Total				

Qualifying Exam Passed



: PLUS TWO (VHSE)

a) Name of the University / Board

: Board

b) Reg. No. 1720212

c) Month & Year

[Signature]
Principal
KJKT College of Allied Health Sciences
P.O. Manjeri, Mukkam
Kozhikode, Pin-673502

KMCT COLLEGE OF ALLIED HEALTH SCIENCES

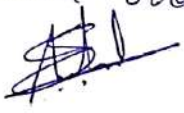
APPLICATION FOR STUDENT SCHOLARSHIP

I, Muhammed Sha N S/O, D/O Hannath studying in 2015-2016 year of BPTcourse. Due to poor financial background, I would like to request you to consider me for the institutional scholarship provided by the KMCT group.

Kindly consider

Thank you

Yours faithfully

Muhammed Sha N
(Name & signature) 

N. Vijay Selvan
Head of the department

Prof. Dr. Vijay Selvan N.
Head of the Department
Department of Physiotherapy
KMCT College of Allied Health Sciences
Manassery, Mukkam, Kozhikode -673602


Principal/ Academic Council Chairman

Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673602





KMCT

Ph: 0495-2291680

COLLEGE OF ALLIED HEALTH SCIENCES

(Sponsored by Kunhitharuvai Memorial Charitable Trust)

K. M. C. T. Medical College Campus, Manassery P.O., Mulkam, Kozhikode (Dist)- 673602

BATCH APPLICATION FORM



COURSE APPLIED FOR ADMISSION : BPT
CATEGORY OF SEAT (Govt./Mngt) :

1) Name of the Candidate (In block letters)

As in S.S.L.C. Mark list : MUHAMMED SHAMIN

2) Age & Date of Birth : 23-11-1996

3) Sex : Male/Female

4) Nationality : Indian

5) Marital status : Single/Married

6) Religion & Caste : Muslim Islam

7) Whether belongs to SC/ST/OBC : OBC

8) Name of Father/ Guardian : Hannath

9) Occupation : House wife

10) Annual Income : 6000/-

11) Address for communication : (Any change in address or phone number of Guardian, Should be informed in college)

Pulker purayil
Eclamon po
Eclamon, punalur

Land Phone No. with STD code : 0475 2336021 ; 9995856408

Mobile Number Parent/Guardian/Student : 9567763744

12) Permanent Address : Nazarudeen. m
pulker purayil
Eclamon po ; Eclamon
punalur

Land Phone No. With STD code

Mobile Number

9567763744 ; 9995856408 (M)



Principal signature and stamp: KMCT College of Allied Health Sciences, P.O. Manassery, Mulkam, Kozhikode, Pin - 673602


a) Name of the university/Board ✓
 b) Reg. No. 2043882 c) Month & Year March 2015 / 2013-2015
 c) School were educated HSE

Subject	Max. marks	Marks scored	Percentage	Grade
Physics	200	132	66%	B
Chemistry	200	129	64.5%	B
Biology	200	135	67.5%	B
Total	600	396	66%	

DECLARATION OF CANDIDATE

I hereby declare that the information given above is correct to the best of my knowledge and belief and I agree to abide the rules and regulations of the college

Place: Marassheey
 Date: 12-8-15


 Signature of the Applicant

DECLARATION OF THE PARENTY/GUARDIAN

I hereby declare that the information furnished above by my son/daughter is correct in all respects. I agree to pay all the fees of my ward at the time of admission and on the first working day of second year. If my ward discontinues the course of study I undertake to pay the entire fees due, to the college for the complete duration of the course.

Place: Marassheey
 Date: 12-8-15

RAFI
 Signature of the Parent/Guardian

FOR OFFICE USE ONLY

CHECK LIST

	PARTICULARS	Y/N		PARTICULARS	Y/N
1	TWO PHOTOS	✓	5	CONDUCT CERTIFICATE	✓
2	S.S.L.C.MARKLIST	✓	6	TRANSFER CERTIFICATE	✓
3	+2/VHSE MARKLIST	✓	7	SUPPLEMENTARY MARK LIST	X
4	VHSE CERTIFICATE	✓			



(M)


 Principal
 College of Allied Health Sciences
 Mithun Kozhikode, Pin - 673009

Name: MUHAMMED SHA N (1198964)

G14-972/15 KDP'S



NON CREAMY LAYER CERTIFICATE

[Certificate to be produced by Socially and Educationally Backward Classes (SEBC)/ Other Eligible Communities (OEC) for admission to professional degree courses in educational institutions under the Government of Kerala and In Aided / Unaided Self Financing Educational Institutions other than minority Institutions under Article 30 (1)]

This is to certify that Shri/Smt. MUHAMMED SHA:N son/daughter of NASARUDEEN of EDAMON Village KOLLAM District / Division in the State of Kerala belongs to ISLAM - MUSLIM Community which is designated as a Socially and Educationally Backward Class (SEBC) / Other Eligible Communities (OEC) as Serial No. 1 in KEAM Prospectus Annexure XI / *

This is also to certify that the above Shri/Smt. MUHAMMED SHA:N, PUTHENPURAYIL EDAMON does not belong to the category of "Creamy Layer" in the light of the guidelines dated 23-05-14 and the schedule prescribed thereunder to exclude the "Creamy Layer" among the designated "Socially and Educationally Backward Classes (SEBCs) / Other Eligible Communities (OEC)" in the State of Kerala.

Place: PUNALUR

Date: 21/1/15



Office Seal

Signature of Revenue Officer
(Not below the Rank of Tahsildar/Competent Authority)

Name: B. Sasikumar
Designation: Tahsildar Punalur



Signature of Principal

Principal
KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam
Kozhikode, Pin - 673002