

SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

 $NARAKASUR\ HILLTOP, BHANGAGARH, GUWAHATI-32, ASSAM, INDIA$

Application for E	ligibility for	r Registra	ation of stu	dents Migrat	ing from oth	er Univer	rsity/Board/Council	
1. Name of the Stude	ent (in block l e	etters) :	• • • • • • • • • • • • • • • • • • • •					
2. Father's name in fu	ull (in block le	etters) : .						
3. Mother's name in	full (in block	letters) : .						
4. Date of Birth		:.			National	ity:		
5. Sex		:.	:					
6. Home Address in	full	:.						
7. Details of Examina								
Examination passed	Name of Un Board/C		Year of passing	Exam. Roll No.	Division/ Class	Name of School/ College		
H.S.L.C.								
H.S.S.L.C/Equivalent Examination								
MBBS/BDS/BAMS/ BHMS/BSc (Nursing)								
MD/MS/MDS/MD (Ayur)/MSc (Nursing)								
Diploma (Specify)								
Others								
Course	Class/ Semester	Roll No.	Academic Session	Date of Admission	Name of College in which admitted		Remarks	
I declare that the particulars stated above are true to the best of my knowledge and belief. If found otherwise, I shall be liable to action.								
Date Full Signature of the Student								
Shri/ Smti								
	be granted Eli				of enrolment as	s a student	of Srimanta Sankaradeva	
Memo No					Signature of	the Princi	pal/Head of Institution	
Date					with Office Seal			
Particulars verified and found correct. Eligibility for Registration may/may not be allowed.								

Dealing Asstt. Registrar

INSTRUCTIONS

Copies to be enclosed:

- 1. Migration Certificate (in original). (The candidate should keep a photostat copy of Migration Certificate for personal record)
- 2. Photocopy of Mark sheet of the last Examination (to be attested by the Principal/Vice Principal or Head of a Teaching Deptt. of the College/Institution where admitted).