

SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A State University of the Govt. of Assam)
Narakasur Hilltop, Bhangagarh, Guwahati-781032, Assam
Phone: 6026177313 (O) E-mail: ssuhs_assam@yahoo.in Website: www.ssuhs.in

Application Form for Provisional Pass Certificate

1	Name of Examination/ Course			
2.	Date of admission into the Course			
3.	Name of applicant in full (in block le			
4.	University Registration No.	•		
٦. 5.	Father's name in full (in block letter			
6.	Mother's name in full (in block letter	,		
7.	Nationality	,		No. :
9.	Permanent Address			
-	Present Address			
	Name of Institute last attended			
	Roll No. of last examination under th			
	Details of Examinations appeared up	•		
TO.	Name of Examination	Year & Month of Examination	Passed Subjects	Failed Subjects
1		Lammation		
2				
3				
4				
5				
14.	Details of payment of requisite fees: Amount of Fees Paid (Rs.)	1	ne Receipt No.	Date of Payment
14.	Details of payment of requisite fees: Amount of Fees Paid (Rs.)	Onlin	ne Receipt No. ose copy of E-Receipt)	Date of Payment
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FOR OFFICE USE ONLY

INSTRUCTIONS

- 1. The application must be complete in all respect for processing at the University. Incomplete application form shall not be processed.
- 2. The applicant must enclose Photostat copies of the following documents, attested by Govt.

 Gazetted Officer or Principal/ Head of the Institution of the concerned Examination/Self attested
 - ➤ Pass Certificate issued from respective College/ Institute.
 - University Registration Certificate.
 - ➤ All Mark Sheets of the concerned Examination.
 - ➤ Internship completion certificate (wherever applicable)
- 3. The applicants are to pay the requisite fee through online payment gateway available in SSUHS website (Fee Collect). A copy of E-Receipt is to be submitted along with the Application Form.
- 4. Applicant must submit the Original Money Receipt at the time of receiving the Certificate.
- 5. If the applicant desires to obtain the Provisional Pass Certificate through authorized person, he/she has to submit an Authorization having original signatures of both the applicant and the authorized person.
