

## 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 TRANSCRIPT CERTIFICATE**

## Note: PLEASE READ INSTRUCTIONS GIVEN BELOW CAREFULLY

	Name of Candidate	·			
2	Father's Name	:			Paste Recent
3	Contact Address of the Student	:			1
4	University Registration No : of				
5	Name of the Examination/Cour	se:			
6	Purpose for which Transcription is required	on:			
7	Fee details (Online Receipt No. & Date of				
8	Particulars of Examination Pass	sed. (Please att	ach Photoc	opies of all the Marksheets	)
	Examination	Duration of Course	Year of Passing	Annual/Supplementary	Roll No.
	Telephone (Mobile):  I declare that the above entri			Email:  THE APPLICANT  filled up in ray own hand a	writing and the entries made
o be	ect as per my documents and to the false, I shall be liable for legal ments (Self Attested) with this app	action for sub			
o be docu Date	e false, I shall be liable for legal ments (Self Attested) with this app	action for sub		se information and stateme	nts. I have attached all requi
to be docu Date	e false, I shall be liable for legal ments (Self Attested) with this app	action for sub plication form.		se information and stateme Signature	

## **INSTRUCTIONS**

- 1 The application must be complete in all respect for processing at the University.
- 2 Incomplete application form shall not be processed.
- 3 The form is to be filled in Students own hand writing, in **BLOCK LETTERS** only.
- 4 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.
- 5 The student is required to submit self-attested valid Photo Identity & Address Proof for collecting the Transcript from the University.

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