



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES  
Narakasur Hilltop, Bhangagarh, Guwahati, Assam  
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Application No.

**Application Form for Original Certificate of the Ph.D. Degree**

1. Name in full (in block letters) : .....
2. Home address in full : .....
3. Present address for communication : .....
4. Title of the Thesis : .....
5. Year in which the candidate was declared to have qualified for the Ph.D. Degree (with University Notification No. & Date) : .....
6. Name(s) of the supervisor(s) with address:.....
7. Faculty : .....
8. SSUHS Registration No. : .....
9. Provisional Certificate Fee of Rs.5000/- deposited to the University : Bank Draft No. ....Date.....
10. Mode of Receiving the Certificate : In Person   
Through a person authorized by the awardee
- Recommendation of the Supervisor/Guide :  
Name and Designation of the Supervisor/Guide:

Full Signature with Seal:

Full Signature of the Candidate

NB: (1) Attested copy of SSUHS Notification should be enclosed.  
(2) Rs. 5000/- (Rupees five thousand) only should be enclosed as Bank Draft in favour of "Srimanta Sankaradeva University of Health Sciences" payable at GMC Branch, SBI, Guwahati.

**OFFICE NOTES & ORDERS**

Recommended

Checked  
Certificate may be prepared

Records verified  
Fees as shown have been paid

Registrar (Academic)

Deputy Registrar

Dealing Assistant