



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 Original Pass Certificate

1. Name of Examination/ Course :
2. Date of admission into the Course :
3. Name of applicant in full (in block letters) :
4. University Registration No. :
5. Father's name in full (in block letters) :
6. Mother's name in full (in block letters) :
7. Nationality : 8. Mobile No. :
9. Permanent Address :
10. Present Address :
11. Name of Institute last attended :
12. Roll No. of last examination under the University :
13. Details of Examinations appeared under the University :

	Name of Examination	Year & Month of Examination	Passed Subjects	Failed Subjects
A				
B				
C				
D				
E				

14. Details of payment of requisite fees:

Amount of Fees Paid (Rs.)	SBI Collect Reference No. (Please enclose copy of E-Receipt)	Date of Payment
Rs. 8000/-		

DECLARATION BY THE APPLICANT

I declare that the above entries in the form have been filled up in my own hand-writing and the entries made are correct as per my documents and to the best of my knowledge and belief. I agree that if any statement made above is proved to be false, I shall be liable for legal action for submitting false information and statements.

Date :

Place :

Signature of the applicant in full

RECOMMENDATION OF THE PRINCIPAL/HEAD OF INSTITUTION

This is to certify that.....Registration No.....of
..... Examination Roll No. a student ofCollege
passed the Examination held in

The Certificate may be issued to the applicant by the University. This certificate is to be signed by the Principal/ Head of the Institutions in which the candidate has studied.

Date :

Signature of Principal/Head of Institution with Office Seal

.....
(Name of institute)

Recommended

Checked
Certificate may be prepared

Examination record verified
Fees as shown have been paid

Controller of Examinations

Deputy Registrar

Dealing Assistant

OFFICE NOTES & ORDER

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 –
 - Provisional Pass Certificate issued from this University.
 - University Registration Certificate
 - All Mark Sheets of the concerned Examination Internship
 - completion certificate (wherever applicable)
 3. Original Pass Certificate Fee of Rs.8000/- (Rupees Eight Thousand) only is to be paid through online mode using SSUHS Fee Collect available in University website www.ssuhs.in. A copy of E-Receipt is to be submitted along with the Application Form after 72 hours of successful payment.
 4. Candidate must submit the Original Money Receipt at the time of receiving the Certificate.
 5. If the applicant desires to obtain the Original Pass Certificate through authorized person, he/she has to submit an Authorization in the format below:
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Application for obtaining Certificate through Authorized Person

To,

The Registrar,
Srimanta Sankaradeva University of Health Sciences
Guwahati-781032 (Assam)

Subject: Delivery of Certificate through authorized person.

Sir,

I, may be allowed to receive my Original Pass Certificate through authorized person whose signature is attested below. In this context I shall not hold the University responsible if the Certificate is lost/ misplaced by the authorized person.

Specimen signature of the authorized person :

Name of the authorized person (In Block Letters) :

Please enclose a copy of self-attested valid Identity proof

Signature of the applicant :

Allowed

Registrar,
Srimanta Sankaradeva University of Health Sciences