

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 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 Unive	rsity :

12. Roll No. of last examination under the University

13. Details of Examinations appeared under the University :

		Year & Month of Examination	Passed Subjects	Failed Subjects
1				
2				
3				
4				
5				

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. 2000/-		

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.

: :	Signature of the applicant in full
RECOMMENDATION OF THE PRINCIPAL/HEAD OF INSTITU	ITION

This is to certify that		Registration No
of Examination Roll No	a student of	
College passed the	Examination held in	
		firsts is to be simpled by the Drivering 1/

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

	Signature of Principal/Head of Institution with Office Seal
Date :	(Name of institute)

OFFICE NOTES & ORDERS

Recommended

Controller of Examinations

Checked Certificate may be prepared

Deputy Registrar

Examination record verified Fees as shown have been paid

Dealing Assistant

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 Pass Certificate issued from respective College/ Institute.
 - Pass Certificate issued from respect
 University Registration Certificate
 - All Mark Sheets of the concerned Examination
 - Internship completion certificate (wherever applicable)
- Provisional Pass Certificate Fee of Rs.2000/- (Rupees Two thousand) only is to be paid through online mode using SSUHS Fee Collect available in University website <u>www.ssuhs.in</u>. 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 Provisional Pass Certificate through authorized person, he/she has to submit an Authorization in the format below:

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 Provisional 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