



**SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES  
NARAKASUR HILLTOP, BHANGGARH, GUWAHATI-781032, ASSAM, INDIA**

**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 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	Payment Reference Number	Name of Bank	Date of Payment

15. Postal Address to which Certificate is to be sent: .....
- .....
- .....

**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 of ..... College  
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 Institution in which  
the candidate has studied.*

Date : .....

Signature of Principal/Head of Institution with Office Seal

.....  
(Name of institute)

OFFICE NOTES & ORDERS

Recommended

Checked  
Certificate may be prepared

Examination record verified  
Fees as shown have been paid

Controller of Examinations

Deputy Registrar

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.
  - University Registration Certificate
  - All Mark Sheets of the concerned Examination
  - Internship completion certificate (wherever applicable)
3. Provisional Pass Certificate Fee of Rs.1000/- (Rupees one thousand) only is to be paid through online mode using SSUHS Fee Collect available in University website [www.ssuhs.in](http://www.ssuhs.in). A copy of E-Receipt is to be submitted along with the Application Form after successful payment.
4. The Certificate shall ordinarily be sent to the Principal/ Head of the Institution from where the applicant passed the concerned examination. However, the applicant, if desires, to obtain through Registered A/D post or by hand personally or through authorized person, he/she may apply in the form given below:

**Application for obtaining Certificate through Registered A/D post or by hand personally or through authorized person**

To,

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

Subject: Delivery of Certificate through Registered A/D post or by hand personally or through authorized person.

Sir,

I may be allowed to receive my ..... Provisional Pass Certificate through Registered A/D post to my postal address as mentioned in Sl.15 of this application form/ by hand personally/ through authorized person whose signature is attested below. (*Strike out whichever is not applicable*). In this context I shall not hold the University responsible if the Certificate is lost/ misplaced/ delayed during transit.

Specimen signature of the Applicant

Signature of authorized person attested  
Name of the authorized person

Specimen signature of the Applicant is attested

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Principal/ Head of the Institution with Office Seal

Signature of the Applicant

Allowed

Registrar  
Srimanta Sankaradeva University of Health Sciences  
Guwahati