

SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI-32, ASSAM, INDIA Application Form for Original Pass Certificate

-	. Name of Examination		:				
2	. Name of applicant in ful	ll (in block letters) :				
3	. Registration No.		:				
4	Father's name in full (in	block letters)	:				
5	Mother's name in full (in	n block letters)	:				
6	5. Nationality		:				
7	. Mobile No.		:				
8	S. Permanent Address		:				
9	Present Address		:				
1	0. Name of Institute last at	tended	:				
1	1. Roll No. of last examina	ation under the Un	iversity :				
1	2. Details of Examinations	appeared under th	ne university	<i>'</i> :			
N	Tame of Examination Year & Month of passing		Passed Subjects			Failed Subjects	
A							
В							
С							
D							
Е							
12 De	articulars of Certificate pray	red:					
	ne of Examination	Year & Month	Examinati	ion Roll No.	Name of Instit	ution from where p	passed
		of passing					
	etails of payment of requi						
Amount of Fees paid		Banker's Cheque No./ Bank Draft No.		Name of Issuing Bank		Date of Issue	
		Dum Diu					
14. Po	ostal Address to which Cert	ificate is to be sent	··				
		DEC			PPLICANT		
		·				ing and the entries	made are correc
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ny do	I declare that the above ex- ocuments and to the best of	f my knowledge ar	nd belief. I	agree mat n a	my statement in	ade above is prove	, -
	ocuments and to the best of				my statement in	ade above is prove	
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Date Place Exam	for legal action for submitt	OMMENDATIO a student of .	on and state	PRINCIPA	Signature o L/HEAD OF IN Registra	f the applicant in factorial forms of the fac	of
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Date Place Exam Exam This of	recuments and to the best of for legal action for submitted in the submitt	OMMENDATIO a student of Th	on and state	PRINCIPA	Signature o L/HEAD OF IN Registration ed to the applica	f the applicant in factorial forms of the fac	of he ty.

OFFICE NOTES & ORDERS

Recommended Checked Examination record verified
Certificate may be prepared 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
 - Registration Certificate
 - All Mark Sheets of the concerned Examination
 - Banker's Cheque/ Bank Draft of requisite application fees drawn in favour of "Srimanta Sankaradeva University of Health Sciences" payable at GMC Branch, SBI Guwahati.
 - Internship completion certificate (in case of M.B.B.S., B.D.S., B.A.M.S. and B.H.M.S.)
- 3. 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,

Signature of authorized person attested

Specimen signment of the rippitonic	Name of the authorized person
Specimen signature of the Applicant is attested	

Principal/ Head of the Institution with Office Seal Signature of the Applicant

Allowed

Specimen signature of the Applicant

Registrar Srimanta Sankaradeva University of Health Sciences Guwahati