

SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI-32, ASSAM, INDIA

Application for El	igibility for	Registra	tion of stud	lents Migrat	ing from othe	er Unive	rsity/Board/Council	
1. Name of the Stude	nt (in block le	etters) :						
2. Father's name in full (in block letters)								
3. Mother's name in	full (in block)	letters) : .						
			:					
								6. Home Address in f
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7. Details of Examina	tions passed:							
Examination passed	Name of University/ Board/Council		Year of			Name	e of School/ College	
H.S.L.C.	Боаги/Со	Dunch	passing	KOII NO.	Class			
H.S.S.L.C/Equivalent Examination								
MBBS/BDS/BAMS/ BHMS/BSc (Nursing)								
MD/MS/MDS/MD (Ayur)/MSc (Nursing)								
Diploma (Specify)								
Others								
10. Particulars of Cou Course	Class/ Roll No. Semester		Academic Session	Date of Admission	Name of College in which admitted		Remarks	
I declare tha	et the particula	ars stated	ahove are tri	ue to the best o	of my knowledge	e and helie	of.	
If found othe	rwise, I shall			ie to the best o				
Date			Full Signature of the Student					
					PAL/HEAD OF			
all the requirements f regulation in the acad	or admission demic session	to the n after verif	ication of all	year class/ . Accordingly documents.	semester of the y, he/she has be	en admit	ty/Board/Council satisfied course as per ted to the College on t of Srimanta Sankaradeva	
University of Health S	Sciences.							
Memo No				Signature of the Principal/Head of Institution				
Date						with C	Office Seal	
Particulars verified and found correct.				Eligibil	Eligibility for Registration may/may not be allowed.			

INSTRUCTIONS

Copies to be enclosed:

- 1. Migration Certificate (in original). (The candidate should keep a photostat copy of Migration Certificate for personal record)
- 2. Photocopy of Mark sheet of the last Examination (to be attested by the Principal/Vice Principal or Head of a Teaching Deptt. of the College/Institution where admitted).