



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

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

Application Form for Migration Certificate

- 1. Name of the Student (in block letters) :
- 2. Father's name in full (in block letters) :
- 3. Mother's name in full (in block letters) :
- 4. Date of birth : Nationality:
- 5. Sex : Mobile No.
- 6. Home Address in full :
- 7. Srimanta Sankaradeva University of Health Sciences Registration No.of
- 8. Details of Examinations passed :

Examination Passed	Name of University/ Board/Council	Exam. Roll No	Year of Passing	Division/ Class	Name of School/ College
H.S.L.C.					
H.S.S.L.C./Equivalent Examination					
MBBS/BDS/BAMS/ BHMS/BSc (Nursing)					
MD/MS/MDS/MD (Ayur)/MSc(Nursing)					
Diploma (Specify)					
Others					

- 9. Name of the College/University where studied last
- 10. Cause of obtaining the Migration Certificate
- 11. Particulars of Fees paid:

Amount Paid (Rs.)	SBI Collect Reference No. (Please enclose copy of E-Receipt)	Remarks

- 12. Full Address to which Migration:
- Certificate should be sent

DECLARATION

I declare that I have not been debarred from appearing in University Examination or prosecuting any course of study conducted by the Srimanta Sankaradeva University of Health Sciences to the best my knowledge and belief. If found otherwise I shall be liable to action.

I am surrendering my original Registration Certificate (No.....of.....) which is enclosed herewith.

Date.....

Full Signature of the Student

RECOMMENDATION OF THE PRINCIPAL/HEAD OF INSTITUTION

The particulars stated above have been checked, verified and found correct. Migration Certificate may be issued.

Date.....

*Signature of Principal/Head of Institution
with Office Seal*

FOR OFFICE USE ONLY

Migration Certificate
may be issued

Records verified

Registrar/ Deputy Registrar

Dealing Asstt.

INSTRUCTIONS

1. Migration Certificate is issued only to a registered student of this University and the ORIGINAL REGISTRATION CERTIFICATE issued by the University must be surrendered for the purpose.
2. An applicant for Migration Certificate who is studying in any College or has passed any examination of this University should pay Migration Certificate Fee of Rs. 4000 and submit this application through the institution under this University in which he/she is prosecuting or prosecuted his / her studies last or through which he/she appeared at the examination. A COPY OF THE LAST MARKS-SHEET IS TO BE ATTACHED.
3. No action will be taken unless the prescribed fee is received in this office.
4. Migration Fee of Rs.4000/- (Rupees four 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 successful payment.
5. APPLICANTS SHALL NOTE THAT DUPLICATE MIGRATION CERTIFICATES ARE NOT GENERALLY ISSUED AND RE-REGISTERED HIS/HER NAME BY SUBMITTING THE MIGRATION CERTIFICATE ISSUED BY THE UNIVERSITY.
6. Candidate must submit the original Money Receipt at the time of receiving the Certificate.
7. If the applicant desires to obtain the Migration 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 Migration 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) :

Signature of the applicant :

Allowed

Registrar,
Srimanta Sankaradeva University of Health Sciences
