

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

Application Form for Original Pass Certificate

1		Name of Examination/ Course :					
2		Date of admission into the Course :					
3	١.	Name of applicant in full (in block letters):					
4	٠.	University Registration No.:					
5	j.	Father's name in full (in block letters):					
6	i.	Mother's name in full (in block letters) :					
7		Nationality:					
8	3.	Mobile No.:					
9).	Permanent Address :					
1	0.	Present Address :					
1	1.	Name of Institute last attended :					
1	2.	2. Roll No. of last examination under the University:					
1	3.	Details of Exam	ils of Examinations appeared under the University :				
		Name of Exam	nination	Year & Month of Examination	Passed Subjects	Failed Subjects	
Α							
В							
С							
D							
Е							
1	4.	Details of payn	nent of requisite f	ees:			
Amount of Fees paid							
		-					
corre prove Date	ct ed	I declare that the as per my docu to be false, I sha	e above entries in ments and to the all be liable for lego	DECLARATION BY In the form have been best of my knowle	dge and belief. I agree that if a sing false information and state	iting and the entries made are any statement made above is ments.	
	ce:						
			RECOMMEND	ATION OF THE PR	INCIPAL/HEAD OF INSTITUT	<u>ION</u>	
	7	This is to certify	that		Registrati	on No of	
		Examination	Roll No	a stude	nt of	College	
asse	d i	the	E	Examination held in .			
	٦	The Certificate m	nay be issued to t	the applicant by the	University.		
he Pi	rin	tificate is to be s cipal of the Colle didate has studie	ege in which				
				Sig	nature of Principal/Head of Ins	titution with Office Seal	
Date :						Name of institute)	
					•		

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 -□ Provisional Pass Certificate issued from this University. □ University Registration Certificate ☐ All Mark Sheets of the concerned Examination ☐ Internship completion certificate (wherever applicable) 3. Original Pass Certificate Fee of Rs.5000/- (Rupees five thousand) only is to be paid in online mode only 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. 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 Original 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

Signature of the Applicant

Allowed

Principal/ Head of the Institution with Office Seal

Registrar Srimanta Sankaradeva University of Health Sciences Guwahati