

	(.	A State Univer	rsity of the	CRSITY OF HEALTH SC Govt. of Assam)	<u>HENCES</u>	
				uwahati-781032, Assam 1@yahoo.in Website: www	.ssuhs.in	
	APPLICA	TION FORM	1 FOR TR	ANSCRIPT CERTIFICA	<u>ATE</u>	
	Note: PLEASE	READ INST	RUCTION	S GIVEN BELOW CAR	EFULLY	
1	Name of Candidate	:				
2	Father's Name	:			Paste Recent	
3	Contact Address of the Student	:			Photograph	
					of the Student	
4	(Enclose Photocopy of Registration Certificate)					
5						
6	Purpose for which Transcription :					
7	Amount of fee deposited for Transcription : Rs.15,000/- (Rupees Fifteen Thousand) only.					
8	Fee details (Transaction ID) :					
9						
	Examination	Duration of Course	Year of Passing	Annual/Supplementary	Roll No.	
		Course	1 dooling			
	Telephone (Mobile):			Email:		
		DECLARAT	TION BY 1	THE APPLICANT		
to be	I declare that the above entrie ect as per my documents and to th e false, I shall be liable for legal uments (Self Attested) with this app	e best of my kn action for sub	nowledge an mitting fal	nd belief. I agree that if any		
Plac	e :	F	Forwarded b	0	of the applicant in full	
]	•		of the Institution ame) and Date)		
		Т	NSTRUC	TIONS		
1	The application must be complete in all respect for processing at the University.					
2 3	Incomplete application form shall not be processed. The form is to be filled in Students own hand writing, in BLOCK LETTERS only.					

- 4 The fee is to be paid through 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 72 hours of successful payment.
- 5 The student is required to submit self-attested valid Photo Identity & Address Proof for collecting the Transcript from the University.