

| | (. | 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.