



## SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

NARAKASUR HILL TOP, BHANGAGARH, GUWAHATI-32, ASSAM, INDIA

### Application for Eligibility for Registration of students Migrating from other University/Board/Council

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. Home Address in full : .....

6.

Examination passed	Name of University/ Board/Council	Year of passing	Exam. Roll No.	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					

7. Name of the University/ Board/Council from which migrated : .....
8. Cause of migration to this University : .....
9. Particulars of Course to which admitted :

Course	Class/ Semester	Roll No.	Academic Session	Date of Admission	Name of College in which admitted	Remarks

10. Particulars of Eligibility Fees paid:

Amount of Fees paid (Rs.)	Bank Draft/Banker's Cheque No.	Remarks

*I declare that the particulars stated above are true to the best of my knowledge and belief.  
If found otherwise, I shall be liable to action.*

Date.....

*Full Signature of the Student*

### RECOMMENDATION OF THE PRINCIPAL/HEAD OF INSTITUTION

Shri/ Smti ..... migrating from ..... University/Board/Council satisfied all the requirements for admission to the ..... year class/semester of the ..... course as per regulation in the academic session ..... Accordingly, he/she has been admitted to the College on ..... after verification of all documents.

He/she may be granted Eligibility for Registration for the purpose of enrolment as a student of Srимanta Sankaradeva University of Health Sciences.

Memo No. ....

*Signature of the Principal/Head of Institution*

Date .....

*with Office Seal*

Particulars verified and found correct.

Eligibility for Registration may/may not be allowed.

Dealing Asstt.

Registrar (Academic)

## **INSTRUCTIONS**

### **Copies to be enclosed:**

1. Migration Certificate (in original).
2. Transfer Certificate (in original).
3. 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).



**SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES**  
NARAKASUR HILL TOP, BHANGAGARH, GUWAHATI-32, ASSAM, INDIA

**Application Form for Registration 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. Home address in full : .....

6.

Examination passed	Name of University/ Board/Council	Year of passing	Exam. Roll No.	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					

7. Name of the College where admitted : .....
8. Class/Semester in which admitted ..... Course ..... Roll No. ....
9. Date of Admission ..... Academic Session .....
10. University/ Board/ Institution last attended : .....

11.

Registration Fees (Rs.)	Bank Draft/ Banker's Cheque No.	Remarks

*I declare that the particulars stated above are true to the best of my knowledge and belief.  
If found otherwise, I shall be liable to action.*

Date.....

*Full Signature of the Student*

**RECOMMENDATION OF THE PRINCIPAL/HEAD OF INSTITUTION**

The name and other particulars of the applicant including the certificates have been checked, verified and found correct. The applicant may be registered as a student under the University and the Registration Certificate may be issued. It is certified that the candidate is eligible for admission to the course as per relevant Regulations of the University.

Memo No. ....

Date .....

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

FOR OFFICE USE ONLY

Registration may be allowed

Particulars verified and found correct

Registrar (Academic)/ Dy. Registrar

Dealing Asstt.

P.T.O.

## INSTRUCTIONS

1. No Application will be accepted unless the Registration Fee is paid.
2. Student migrating from other University/Board/Council should submit Migration Certificate (in Original) from the University/ Board/Council concerned.
3. Registration will be allowed only after getting Eligibility report for registration of students migrating from other University/Board/Council.
4. The application form must accompany copies of certificates of all examinations passed and filled in application form for Eligibility for Registration along with required fees.
5. This form should be forwarded by the Principal after carefully verifying the name and other particulars furnished by the student. The name furnished here should exactly tally with the Name and Surname mentioned in the H.S.L.C. or equivalent examination certificate (copy of certificate issued by the Board/ Council/University to be enclosed)
6. The applicant will have to pay a Registration fee specified by the University along with form fee of Rs. 10/- in the form of Bank Draft/Banker's Cheque in favour of '***Srimanta Sankaradeva University of Health Sciences***' payable at *Guwahati* only. Money order/I.P.O. is not accepted.
7. The candidate must submit 2 (two) identical copies of Passport Size Coloured Digital or Coloured standard photographs along with the form. The photograph must show the name of the candidate as well as the date of photograph taken on a placard held by the candidate in front of the chest.
8. In case any correction is needed, appeal should be lodged within 6 months from the date of receipt of Registration Certificate.