

SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A State University of Govt. of Assam) NARAKASUR HILL TOP, BHANGAGARH, GUWAHATI-781032 Phone No. 6026177313 E-Mail: ssuhs_assam@yahoo.in, Website: www.ssuhs.in

ADMISSION FORM

Affix passport size coloured photo

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2. Date	of Birth	······				
3. Aad	haar No.	<u></u>				
4. Gen	der	<u>:</u>				
5. Cast		·				
6. Father's Name:						
7. Mother's Name:						
8. Guardian's Name:						
9. Address for correspondence:						
10. Con	tact No.	······				
11. E-m	ail id	<u>:</u>				
12. Name of the Course:						
13. Name of the College:						
14. Academic Session: <u>2022-2023</u>						

Full signature of Guardian with date

Full signature of candidate with date



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FORM FOR IDENTITY CARD

	I OR I OR I DELIVI	III CIRD				
1. Name of the S (in capital lett	Student :ers)		Affix passport size coloured photo			
2. Date of Birth	:		•			
3. Aadhaar No.	:	'				
4. Gender	:					
5. Cast	:					
6. Father's Name:						
7. Mother's Name:						
8. Guardian's Name:						
9. Address for correspondence:						
10. Contact No.	:					
11. Emergency Contact No.:						
12. Blood Group	······					
13. E-mail id	·					
14. Identification	Mark :					
15. Name of the C	Course:					
16. Name of the C	College:					
17. Academic Session: 2022-2023						
Full signature of	Guardian with date	Full signature of candidate with d	ate			