



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A State University of the Govt. of Assam)

NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI-781032, ASSAM

Phone: 6026177313(O) E-mail: ssuhs_assam@yahoo.in Website: www.ssuhs.in

No.SSUHS/364/2019/Pt./Ex/8082-86

Dated: 03-08-2023

From : **The Deputy Controller of Examinations**
Srimanta Sankaradeva University of Health Sciences, Assam.

To : **The Principal,**

1. NEF College of Pharmacy, Lakhra, Guwahati-781040
2. NEPEDS College of Pharmaceutical Sciences, Beltola, Guwahati – 781028
3. JB Institute of Pharmacy, Bagharbori, Guwahati- 781171
4. NEF College of Pharmaceutical Education & Research, Nagaon- 782001
5. Regional College of Paramedical Health Sciences, Tepesia, Guwahati -782402

Sub : **B. Pharm. 2nd Semester (Regular) Examination, August, 2023.**

Sir/Madam,

I am directed to inform you that **B. Pharm. 2nd Semester (Regular) Examination, August, 2023** shall commence from **22nd August, 2023.**

The last date of submission of application forms for candidates appearing in the examination is **11-08-2023** and with delay fine is **12-08-2023**. You are therefore requested to collect application forms from the eligible candidates. The eligible candidates are required to pay the requisite **Examination Fee in online mode through the payment gateway** available in the University **website: www.ssuhs.in**. The candidates are also required to enclose the e-receipt challan along with the Form. However, **screenshot printout of the e-receipt will not be accepted**. Student will not be allowed to appear in Examination without Registration.

Fees details :

Examination	Exam Fee	Delay Fine
B.Pharm Examinations	3000/-	3000/-

Further, you have been appointed as the Officer-in-charge for the examination and are requested to make necessary arrangements for smooth conduct of the examination. If any of your near relatives are appearing in this examination, the fact should be immediately reported in writing to the undersigned.

Enclosure: Date sheets of the Examination.

Yours faithfully,

Deputy Controller of Examinations
Srimanta Sankaradeva University of Health Sciences
Guwahati

Memo No.SSUHS/364/2019/Pt./Ex/8087-89

Dated: 03-08-2023

Copy to.

1. The Controller of Examinations, Srimanta Sankaradeva University of Health Sciences, Guwahati.
2. The FAO, Srimanta Sankaradeva University of Health Sciences, Guwahati.
3. SSUHS Website.

Deputy Controller of Examinations
Srimanta Sankaradeva University of Health Sciences
Guwahati



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No.SSUHS/364/2019/Pt./Ex/8090

Dated: 03-08-2023

DATESHEET FOR B. PHARM 2nd SEMESTER (REGULAR) EXAMINATION, **AUGUST, 2023**

THEORY EXAMINATION

Timing (10 AM to 1 PM)

Date	Day	Subject
22-08-2023	Tuesday	BP201T-Human Anatomy and Physiology-II
24-08-2023	Thursday	BP202T-Pharmaceutical Organic Chemistry-I
26-08-2023	Saturday	BP203T-Biochemistry
28-08-2023	Monday	BP204T-Pathophysiology

PRACTICAL EXAMINATION*

*Practical Examination shall start from 29-08-2023 (Tuesday). Principals of respective colleges shall notify the date of Practical Examination according to their convenience and inform the undersigned.

Deputy Controller of Examinations
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Phone: 6026177313(O) E-mail: ssuhs_assam@yahoo.in Website: www.ssuhs.in

No.SSUHS/364/2019/Pt./Ex/8091-95

Dated: 03-08-2023

From : **The Deputy Controller of Examinations**
Srimanta Sankaradeva University of Health Sciences, Assam.

To : **The Principal,**

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Sub : **Recommendation of External Examiners and Internal Examiners for B. Pharm 2nd Semester (Regular) Examination, August, 2023.**

Sir/Madam,

With reference to the subject cited above I hereby request you to forward names of Internal Examiners and External Examiners for the ensuing the Practical Examinations **B. Pharm 2nd Semester (Regular) Examination** scheduled to be held from **22nd August, 2023**.

The Heads of the Departments of the concerned subjects are required to submit name, address, Email ID, contact number of Internal and External Examiners in the format prescribed below. You are therefore request to collect the same from respective HODs and forward to the University by Email controller.ssuhs@gmail.com and dycoe.ssuhs@gmail.com on or before **14-08-2023** positively.

Prescribed Format:

Subject	Name of External Examiner	Official Address of External Examiner including Email Id & Phone No.	Name of Internal Examiner	Official Address of Internal Examiner including Email Id & Phone No.	Date of Examination

You are also requested to submit fund requirement with detailed breakup of provisional expenditure for smooth conduct of the Examination on or before **14-08-2023**.

N.B.: The internal marks and the marks of Non-University examination to be submitted on or before 14-08-2023.

Yours faithfully,

Deputy Controller of Examinations
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Phone: 6026177313(O) E-mail: ssuhs_assam@yahoo.in Website: www.ssuhs.in

No.SSUHS/364/2019/Pt./Ex/8096-8100

Dated: 03-08-2023

From : **The Deputy Controller of Examinations**
Srimanta Sankaradeva University of Health Sciences, Assam.

To : **The Principal,**

1. NEF College of Pharmacy, Lakhra, Guwahati-781040
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Sub : **Empanelment of faculty members for evaluation of theory answer scripts of B. Pharm. 2nd Semester (Regular) Examination, August, 2023.**

Sir/Madam,

With reference to the subject cited above, I hereby request you to forward names of Answer script Evaluators for ensuring B.Pharm 2nd Semester (Regular) Examination, August, 2023 scheduled to be held from **22-08-2023**. Head of the Departments are required to submit the panel of evaluators (Subject wise) among faculty members of the College/Institute to be appointed as Answer Script Examiners as per prescribed format attached. You are therefore, requested to collect the same from respective HODs and forward to University (dycoe.ssuhs@gmail.com) on or before **14-08-2023**. None of the empanelled examiners should have any close relatives appearing in the examination concern. Special care to be taken to maintain strict confidentiality during preparation of the panel.

Prescribed Format:

PANEL OF RECOMMENDED TEACHERS

FOR EVALUATION OF THEORY PAPERS

Name of the Examination:

Name of the College/Institution:

Address of the College:

Sl. No.	Name of the Subject with Subject Code	Name of the Teacher	Designation	Highest Qualification	Teaching Experience (Years)	Phone No.	Email ID

Yours faithfully,

Deputy Controller of Examinations,
Srimanta Sankaradeva University of Health Sciences
Guwahati