



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

Narakasur Hilltop, Bhangagarh, Guwahati, Assam

Phone: 0361-2130431, Email: ssuhs_assam@yahoo.in, Website: www.ssuhs.in

No: SSUHS/201/2010/Pt.III/ 8130

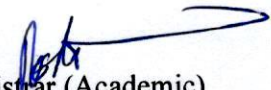
Dated: 09-11-2023

NOTIFICATION
(Academic No. 27/2023)

This is for information to all the Ph.D. scholar of Srimanta Sankaradeva University of Health Sciences (SSUHS) that Ph.D. course work will start from 4th to 8th December, 2023 (Second contact session).

The timing of the contact session will be from 11 A.M. to 4 P.M. which will be held in the Conference Hall of SSUHS.

It may be noted that Ph.D. Scholars from previous batches under SSUHS who have not yet completed course work may join the contact session on depositing the requisite course work fees. The course work fee includes course work examination fee.


Registrar (Academic)

Srimanta Sankaradeva University of Health
Sciences

Memo No: SSUHS/201/2010/Pt.III/ 8131-35

Dated: 09-11-2023

Copy to:

1. The Registrar, Srimanta Sankaradeva University of Health Sciences for information.
2. The Director of Information and Public Relations, Assam with a request to publish the above Notification in the Assam Tribune, an Assamese Daily and a Bengali Daily for wide circulation.
3. The Branch Manager, HDFC Bank, Panbazar, Guwahati-781001.
4. The P.S. to the Hon'ble Vice Chancellor of Srimanta Sankaradeva University of Health Sciences for kind appraisal of the Hon'ble Vice Chancellor.
5. SSUHS website/Notice Board.


Registrar (Academic)

Srimanta Sankaradeva University of Health
Sciences

ANNEXURE-I



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES
(A State University of Govt. of Assam)

NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI – 32

Phone No. 6026177313, Email: ssuhs_assam@yahoo.in, Website: www.ssuhs.in

APPLICATION FORM FOR ENROLMENT/ADMISSION FOR PH.D. PROGRAMME

(To be filled in by the CANDIDATE)

**AFFIX
PHOTO-
GRAPH
HERE**

- Faculty under which Ph.D. is sought:
- Subject (In Block Letters).....
- Inter-Disciplinary Field / Chosen area of specialization:
- Title of Research.....

.....(to be written in English).

1. Name in full (In Block Letters):.....

2. Father's/Guardian's name:

3. Address for correspondence with candidate (In Block Letters):

E-mail id..... Phone No (O/R).....(M).....

4. Permanent address (In Block Letters):

5. Occupation/present designation & official address, if employed. (NOC from employer to be attached):.....

6. Nationality:

7. Source of finance for pursuing Ph.D. Programme (✓ tick correct option):

Self/Others (Please specify)

(Contd.)

8. Full address of the Department/Laboratory/Institution where the research work will be carried out :

9. Name, Designation & Address of the Supervisor/Associate Supervisor(s)/Joint Supervisor(s):

10. Name of the Master's Degree:
 Year of passing :.....Subject & Department:
 Name of the University/Institution:

 Percentage of marks obtained/grade/other:
(Attested copy of the Certificate / Mark sheet to be attached)
11. Have you qualified UGC-NET (including JRF)/UGC-CSIR NET (including JRF)/SLET/GATE/Teacher Fellowship holder/M.Phil./completed five years of regular service in an institution affiliated to SSUHS? Yes/No (✓ tick correct option)
 If Yes, give details (*Proof to be attached*):

12. Do you belong to SC/ST/OBC (non creamy layer)/ Differently Abled/Other categories (Please specify) (*Certificates to be attached*):

13. SSUHS Registration no.:.....
(If already registered, attested copy to be attached)
14. Whether registered earlier under this University or elsewhere for Ph.D. Programme: Yes/No.
 (✓ tick the correct option)
 If 'Yes', state details of such Registration:

DECLARATION

I declare that the information given above are correct to the best of my knowledge and that my Ph.D. registration is liable to be cancelled, if any of the information is found to be incorrect.

I agree to abide by the decision of Srimanta Sankaradeva University of Health Sciences regarding my selection or denial of admission to the Ph.D. Programme.

.....
 Signature of the candidate in full with date

(Contd.)

(To be filled in by the RESEARCH SUPERVISOR)

I certify that Dr./Mr./Mrs./Ms.....
shall carry out his/her Ph.D. research work under me in
.....(name of the subject) under Srimanta Sankaradeva
University of Health Sciences.

That the number of Registered Ph.D. Candidates under this University working under my
supervision till date is

I recommend Prof. / Dr.....to be
the Co-Supervisor(s) and Prof./Dr. to be the Joint
Supervisor(s) of the research work.

*(Statement of the Supervisor including the part of research work for which the help of the Co-
Supervisor(s)/Joint Supervisor(s) is required, is to be furnished).*

.....
Signature of the Supervisor with Official Seal and date

(1)..... (2)

Signature of the Co-Supervisor(s) with Official Seal and date

(1)..... (2)

Signature of the Joint Supervisor(s) with Official Seal and date

CERTIFICATE OF INFRASTRUCTURE

Certified that necessary space, equipment, library and other facilities are available in the
Department / Institutions where the research work shall be carried out as proposed by the candidate.

.....
Signature & Seal of the Head of the Department
(where research work shall be done)

Date and Place.....

.....
Signature & Seal of the Head of the Institution
(where research work shall be done)

Date and Place

- In the case of scholars of other Universities, necessary application for University registration of Ph.D. scholars shall be submitted to the Registrar, SSUHS, Guwahati, separately along with Migration Certificate in original.
- If selected, provisional registration fee for the Ph.D. programme shall be deposited.

(Contd.)

Documents to be submitted at the time of applying for Enrolment/Admission in Ph.D. Programme

(✓ tick the correct option)

1. A photocopy of the filled in application form along with the original form. (Yes/No)
2. 2 (Two) attested photocopies of Master's Degree Marksheet/Certificate. (Yes/No)
3. 2 (Two) attested photocopies of SSUHS Registration Certificate (for those candidates already registered with SSUHS. Others, if selected, shall submit the same within 1 (one) year after provisional registration. (Yes/No)
4. 6 (Six) copies of plan of work (Protocol/preliminary synopsis) duly countersigned by the Supervisor. (Yes/No)
5. 'No Objection Certificate' (NOC) from employer in original along with a photocopy of the same, in case of employed applicants. (Yes/No)
6. 3 (Three) photographs (2.5cm X 3.5cm), one to be affixed on this form with the Supervisor's signature & seal, 1 (one) to be attached (for use in the Ph.D. provisional registration letter) with this form and 1 (one) for uploading in the University website. (Yes/No)
7. Certificate of qualification in UGC-NET (including JRF)/UGC-CSIR NET (including JRF)/SLET/GATE/Teacher Fellowship holder/M.Phil. (Yes/No)
8. Certificate of SC/ST/OBC (non creamy layer)/ Differently Abled/Other categories. (Yes/No)
9. Certificate of completion of five years of regular and continuous service in an institution affiliated to SSUHS, from Head of the Institution. (Yes/No)

Note: The University is to be informed promptly regarding any change in the information above.