



**SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES**

(A State University of the Govt. of Assam)

Narakasur Hilltop, Bhangagarh, Guwahati-781032, Assam

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**Application form for Registration of Thesis for Master of Physiotherapy (MPT) Degree Course**

- 1. Full Name (in block letters) : .....
- 2. Father's name in full : .....
- 3. Mother's name in full : .....
- 4. Present occupation and Address : .....
- 5. Permanent Address : .....
- 6. Year of passing the BPT Examination : .....
- 7. University from which BPT Exam passed : .....
- 8. Date of completion of Internship : .....
- 9. Date of joining 1<sup>st</sup> year/Semester P.G. Course : .....Session: .....
- 10. Date of completion of 1<sup>st</sup> year/2<sup>nd</sup> Semester P.G. Course: .....Session: .....
- 11. State Allied Health Council (*Specify, if applicable*) : ..... Registration No: .....
- 12. Registration No. of Srимanta Sankaradeva University of Health Sciences: .....
- 13. Title of thesis (in block letters): .....
- .....
- .....
- 14. Name, Designation and Academic Qualifications (in short) of the teacher under whose supervision (as Guide/ Co-Guide) he/she has proposed to do research: .....
- .....
- 15. Date of commencement of research : .....
- 16. Details of payment of requisite fees:

Amount of Fees paid	Online Receipt No. (Please enclose copy of E-Receipt)	Date of Payment

**Important:** The requisite fee is to be paid through online payment gateway available in SSUHS website (**Fee Collect**). A copy of E-Receipt is to be submitted along with the Application Form.

.....  
Signature of the Candidate

I/we certify that ..... is scheduled to do research for his/herthesis under my/our guidance in the subject stated in the application.  
I/we recommend registration of his/her thesis work for the MPT Degree.

- 1. ....  
Signature with Designation of Supervisor (Guide)
- 2. ....  
Signature with Designation of Co-Supervisor (Co-Guide)
- 3. ....  
Signature of the Head of the Department

Principal

..... Medical College/Institutions

Sl. No. ....

Date of Full Registration ..... Year.....  
(To be filled in by University)