



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

Application Form for appearing in Examination

1. Name of Examination :
2. Name of applicant in full (**in block letters**) :
3. Registration No. :
4. Father's name in full (**in block letters**) :
5. Mother's name in full (**in block letters**) :
6. Nationality :
7. Permanent Address :
8. Present Address :
9. Name of Institute studying at present :
10. Roll No. of last examination under the University (*if any*) :
11. Details of Examinations appeared under the university :

Name of Examination	Year & Month of passing	Passed Subjects	Failed Subjects
A			
B			
C			
D			
E			

12. Name of subject(s) appearing :

1		8	
2		9	
3		10	
4		11	
5		12	
6		13	
7		14	

13. Examination fee paid : Rs. (*Rupees.....only*)*
*The examination fee is to be paid through the Principal/Head of the Institution where applicant is studying.

DECLARATION BY THE APPLICANT

I declare that the above entries in the form has been filled up in my own hand-writing and the entries made are correct as per my documents and to the best of my knowledge and belief. I agree that if any statement made above is proved to be false, my admission to the examination will be liable to be canceled by the university at any time and take legal action against me for submitting false information and statements.

Date :

Place :

Signature of the applicant in full

RECOMMENDATION OF THE PRINCIPAL/HEAD OF INSTITUTION

This is to certify that the applicant has fulfilled all the requirements prescribed under the Regulation relating to the examination applied for and has attended the required number of lectures as laid down under this regulation. I also further certify that I know nothing against his/her moral character. The applicant may be allowed to appear in the said examination.

The examination fee for the candidate is paid through consolidated/individual Bank Draft/Banker's Cheque No. dated ofBank, in favour of 'Srimanta Sankaradeva University of Health Sciences' payable at 'Guwahati'.

*This certificate is to be signed by
the Principal of the College in which
the candidate has studied*

Date :

Signature of Principal/Head of Institution with Office Seal

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(Name of institute)