



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

Narakasur Hilltop, Bhangagarh, Guwahati, Assam

Phone: 0361-2130431 (O) E-mail: ssuhs_assam@yahoo.in Website: www.ssuhs.in

Application No.

Application Form for Original Certificate of the Ph.D. Degree

1. Name in full (**in block letters**) :
2. Home address in full :
3. Present address for communication :
4. Title of the Thesis :
5. Year in which the candidate was declared to have qualified for the Ph.D. Degree (with University Notification No. & Date) :
6. Name(s) of the supervisor(s) with address:.....
7. Faculty :
8. SSUHS Enrolment No. :
9. Provisional Certificate Fee of Rs.1000/- deposited to the University : Bank Draft No.Date.....
10. Mode of Receiving the Certificate : In Person
Through a person authorized by the awardee

Recommendation of the Supervisor/Guide :
Name and Designation of the Supervisor/Guide:

Full Signature with Seal:

Full Signature of the Candidate

NB: (1) *Attested copy of SSUHS Notification should be enclosed.*
(2) *Rs. 1000/- (Rupees one thousand) only should be enclosed as Bank Draft in favour of "Srimanta Sankaradeva University of Health Sciences" payable at GMC Branch, SBI, Guwahati.*

OFFICE NOTES & ORDERS

Recommended

Checked
Certificate may be prepared

Records verified
Fees as shown have been paid

Registrar (Academic)

Deputy Registrar

Dealing Assistant