



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A State University of the Govt. of Assam)

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Application Form for Registration of Dissertation for DM/M.Ch. Degree in.....

1. Full Name (In Block Letters) :
2. Father's Name :
3. Mother's Name :
4. Present Occupation and Address :
5. Permanent Address :
6. Year of Passing MBBS Exam :
7. University from which MBBS passed :
8. Date of Completion of PRCA :
9. Year of Passing the MD/MS Exam :
10. University from which MD/MS passed :
11. Date of Joining DM/M.Ch. Course :
12. Medical Council (specify the name) : Registration No.:
13. Title of Dissertation work (In Block letters) :
-
-
14. Name & Designation of the Supervisor/
Guide/Co-Guide :
15. Date of Commencement of research work :
- (In case work has already been taken up)

14. Details of payment of requisite fees:

Amount of Fees Paid (Rs.)	SBI Collect Reference No. (Please enclose copy of E-Receipt)	Date of Payment
Rs. 2000/-		

Signature of the Candidate

I/We certify that Dr. is scheduled to do research for his/her Dissertation work under my/our guidance in the subject stated in the application.

I/We recommend registration of his/her name for the DM/M.Ch. Degree in

Countersigned

Signature with Designation of Supervisor/Guide

Signature with Designation of Co-Guide

Principal
Gauhati Medical College
Guwahati

Signature of the Head of the Department

Important: The fee is to be paid through online mode only using **SSUHS Fee Collect** available in University website www.ssuhs.in. A copy of E-Receipt is to be submitted along with the Application Form after 72 hours of successful payment

(For Office Use)

Date of full Registration:

Particulars verified and found correct

Registration may/may not be allowed

Dealing Asst.

Registrar (Academic)
SSUHS