



**SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES**

Narakasur Hilltop, Bhangagarh, Guwahati-32, Assam, India

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

Full Name (In Block Letters) :  
Father's Name :  
Mother's Name :  
Present Occupation and Address :  
Permanent Address :  
Year of Passing MBBS Exam :  
University from which MBBS passed :  
Date of Completion of PRCA :  
Year of Passing the MD/MS Exam :  
University from which MD/MS passed:  
Date of Joining DM/M.Ch. Course :  
Medical Council (specify the name) ..... Registration No.:.....  
Title of Dissertation work (In Block letters): .....  
.....  
.....

Name & Designation of the Supervisor/Guide/Co-Guide:

Date of Commencement of research work (in case work has already been taken up):

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

Principal  
Gauhati Medical College  
Guwahati

Signature with Designation of Co-Guide

Signature of the Head of the Department

(For Office Use)

Date of full Registration.....

Particulars verified and found correct

Registration may/may not be allowed

Dealing Asst.

Registrar (Academic)