



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES
(A State University of the Govt. of 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 1st year/Semester P.G. Course :Session:
10. Date of completion of 1st year/2nd Semester P.G. Course:Session:
11. State Allied Health Council (*Specify, if applicable*) : Registration No:
12. Registration No. of Srimanta Sankaradeva University of Health Sciences:
13. Title of thesis (in block letters):
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.....
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	SBI Collect Reference No. (Please enclose copy of E-Receipt)		Date of Payment
2000/-			

.....
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)
- Countersigned
- 3.....
Signature of the Head of the Department

Principal

..... Medical College/Institutions

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.

Sl. No.
Date of Full Registration Year.....
(To be filled in by University)