



Paste
Recent
Photograph
of the
Student

SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES
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APPLICATION FORM FOR TRANSCRIPT CERTIFICATE

(The application must be complete in all respect for processing at the University)

(Incomplete application form shall not be processed)

(The form is to be filled in Students own hand writing, in BLOCK LETTERS only)

1. Name of the Student : _____
2. Father's Name : _____
3. Contact Address of the Student : _____

Mobile No. _____
E-mail ID: _____
4. University Registration Number : _____ of _____
5. Roll No of the Student : _____
(Enclose Photocopy of all Marksheets)
6. Name of the Examination/ Course : _____
7. Purpose for which, Transcript is required: _____

8. Amount of Fee deposited for Transcript : Rs.15,000/- (Rupees fifteen thousand) only.
9. Fee Details (Transaction ID) : _____

Important Instruction

- a) 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 successful payment.
- b) The student is required to submit self-attested valid Photo Identity & Address Proof for collecting the Transcript from the University.

DECLARATION BY THE APPLICANT

I declare that the above entries in the form have 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, I shall be liable for legal action for submitting false information and statements. I have attached all required documents (Self Attested) with this application form.

Date :

Place :

Signature of the applicant in full

Forwarded by:

Principal/ Director/ Head of the Institution
(Signature, Seal (with name) and Date)