



## SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A state University of Govt. of Assam)

Narakasur Hilltop, Bhangagarh, Guwahati-32, Assam

Phone No. 06026177313 E-mail: [ssuhs\\_assam@yahoo.in](mailto:ssuhs_assam@yahoo.in), Website: [www.ssuhs.in](http://www.ssuhs.in)

No. SSUHS/25/2013/Pt-I/Ex/6248

Dated: 28-06-2023

From : The Deputy Controller of Examinations  
Srimanta Sankaradeva University of Health Sciences, Assam.

To : The Principal,  
Regional Dental College,  
Guwahati.

Sub. : **MDS Part - I (Supplementary) and Part - II Examinations, August 2023.**

Madam,

I am directed to inform you that the **MDS Part - I (Supplementary) and Part -II Examinations, August, 2023** shall commence from **3<sup>rd</sup> August, 2023**.

The last date for submission of application forms for candidates appearing in the examinations is **14-07-2023** and **with delay fine is 15-07-2023**. You are therefore requested to collect application forms from the eligible candidates. The eligible candidates are required to pay the requisite **Examination Fee in online mode through the payment gateway** available in the University **website: www.ssuhs.in**. The candidates are also required to enclose the e-receipt challan along with the Form. However, **screenshot printout of the e-receipt will not be accepted**. Student will not be allowed to appear in Examination without Registration.

**Fees details :**

Examination	Exam Fee	Delay Fine
MDS Part-I & Part-II Examination, August, 2023	8000/-	3000/-

Further, you have been appointed as the **Officer-in-charge** for the examination and are requested to make necessary arrangements for smooth conduct of the examination. If any of your near relatives are appearing in this examination, the fact should be immediately reported in writing to the undersigned.

Enclosure: Date sheets of the Examination

Yours faithfully,

Deputy Controller of Examinations  
Srimanta Sankaradeva University of Health  
Sciences

Memo No. SSUHS/25/2013/Pt-I/Ex/6249-51

Dated: 28-06-2023

Copy to.

1. The Controller of Examinations, Srimanta Sankaradeva University of Health Sciences, Guwahati.
2. The FAO, Srimanta Sankaradeva University of Health Sciences, Guwahati.
3. SSUHS Website.

Deputy Controller of Examinations  
Srimanta Sankaradeva University of Health Sciences  
Guwahati



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No. SSUHS/25/2013/Pt-I/Ex/6252

Dated: 28-06-2023

**DATESHEET FOR MDS PART - I (SUPPLEMENTARY) EXAMINATION, AUGUST, 2023**

**THEORY EXAMINATION**

<b>Date</b>	<b>Day</b>	<b>10:00 A.M. – 1:00 P.M.</b>
03-08-2023	THURSDAY	PAPER - I

Deputy Controller of Examinations  
Srimanta Sankaradeva University of Health Sciences  
Guwahati



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No. SSUHS/25/2013/Pt-I/Ex/6253

Dated: 28-06-2023

**DATESHEET FOR MDS PART - II EXAMINATION, AUGUST, 2023**

**THEORY EXAMINATION**

<b>Date</b>	<b>Day</b>	<b>10:00 A.M. – 1:00 P.M.</b>
03-08-2023	THURSDAY	PAPER - I
05-08-2023	SATURDAY	PAPER - II
07-08-2023	MONDAY	PAPER - III

**ORAL & PRACTICAL EXAMINATION \***

\*Practical examination will tentatively start from 16-08-2023. The Principal shall notify exact schedule of practical examination in consultation with respective HODs with information to the Srimanta Sankaradeva University of Health Sciences, Guwahati.

Deputy Controller of Examinations  
Srimanta Sankaradeva University of Health Sciences  
Guwahati



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No. SSUHS/25/2013/Pt-I/Ex/6254

Dated: 28-06-2023

From : The Deputy Controller of Examinations  
Srimanta Sankaradeva University of Health Sciences, Assam.

To : The Principal,  
Regional Dental College,  
Guwahati.

Sub. : **MDS Part - I (Supplementary) and Part - II Examinations, August 2023.**

Sir/Madam,

With reference to the subject cited above I hereby request you to forward names of Internal Examiners and External Examiners for the ensuing the Practical Examination **MDS Part-I (Supplementary) and Part-II Examinations, August, 2023** scheduled to be held from **3<sup>rd</sup> August, 2023**.

The Heads of the Departments of the concerned subjects are required to submit names, addresses, Email IDs and contact number of Internal and External Examiners by Email [controller.ssuhs@gmail.com](mailto:controller.ssuhs@gmail.com). You are therefore requested to ask the Heads of the Departments to act accordingly and to take special care to maintain secrecy while preparing the list of Examiners.

### **Prescribed Format:**

Subject	Name of External Examiner	Official Address of External Examiner including Email Id & Phone No.	Name of Internal Examiner	Official Address of Internal Examiner including Email Id & Phone No.	Date of Examination

You are therefore, requested to collect the same from respective HODs and forward to University ([dycoe.ssuhs@gmail.com](mailto:dycoe.ssuhs@gmail.com)) & ([controller.ssuhs@gmail.com](mailto:controller.ssuhs@gmail.com)) on or before **17-07-2023**. You are also requested to submit fund requirement with detailed breakup of provisional expenditure for smooth conduction of the Examination.

Yours faithfully,

**Deputy Controller of Examinations**  
Srimanta Sankaradeva University of Health Sciences