



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A State University of Govt. of Assam)

NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI-781032, ASSAM

Phone: 6026177313 (O) E-mail: ssuhs_assam@yahoo.in Website: www.ssuhs.in

No.SSUHS/231/2010/Pt-III/Ex/176

Dated: 08-01-2024

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

To : The Principal,
SJN Homoeopathic Medical College,
Panjabari, Guwahati.

Sub : BHMS 4th Year (Regular) Examination, February, 2024.

Sir,

I am directed to inform you that the **BHMS 4th Year (Regular) Examination, February, 2024** shall commence from **6th February, 2024**.

The last date for submission of application forms for candidates appearing in the examination is **17-01-2024** and with **delay fine** is **18-01-2024**. 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
4 th Year BHMS Examination	4000/-	3000/-

The Venue for Theory Examination shall be **Examination Hall, Institute of Pharmacy, 1st Floor, GMC Building, Narakasur Hilltop, Bhangagarh, Guwahati-32**. Further, the Head, Institute of Pharmacy, Gauhati Medical College, Guwahati is appointed as Centre – in – Charge for the said examination.

Enclosure: Copy of Datasheet.

Yours faithfully,

Deputy Controller of Examinations
Srimanta Sankaradeva University of Health Sciences
Dated: 08-01-2024

Memo No.SSUHS/231/2010/Pt-III/Ex/177-82

Copy to:

1. The Registrar, Srimanta Sankaradeva University of Health Sciences for information.
2. The Controller of Examinations, Srimanta Sankaradeva University of Health Sciences, Guwahati.
3. The Registrar (Academic), Srimanta Sankaradeva University of Health Sciences, Guwahati.
4. The Principal, Gauhati Medical College, Guwahati for information.
5. The Head, Institute of Pharmacy, GMC, Guwahati with request to make necessary arrangements for smooth conduct of the examination. Further, you are also requested to submit detailed breakup of provisional expenditure for theory examination on or before **17th January, 2024**.
6. University website.

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Deputy Controller of Examinations
Srimanta Sankaradeva University of Health
Sciences



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No.SSUHS/231/2010/Pt-III/Ex/175

Dated : 08-01-2024

DATE SHEET OF 4th YEAR BHMS (REGULAR) EXAMINATION, FEBRUARY, 2024

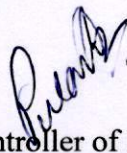
THEORY EXAMINATION

Date	Day	9:30 A.M. To 12:30 PM	1:30 P.M To 4:30 P.M.
06-02-2024	Tuesday	Practice of Medicine – I	Practice of Medicine – II
08-02-2024	Thursday	Materia Medica – I	Materia Medica – II
10-02-2024	Saturday	Organon of Medicine – I	Organon of Medicine – II
12-02-2024	Monday	Community Medicine	X
14-02-2024	Wednesday	Repertory and Case taking	X

PRACTICAL EXAMINATION*

Time: 9.00 AM onwards

* Practical Examination should start from 15-02-2024 (Thursday). The Principal shall notify the schedule of practical examination according to their convenience with information to the undersigned.


Deputy Controller of Examinations
Srimanta Sankaradeva University of Health Sciences
Guwahati



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To : The Principal
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Panjabari, Guwahati.

Sub : BHMS 4th Year (Regular) Examination, February, 2024.

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 BHMS 4th Year (Regular) Examination, February, 2024, scheduled to be held from 6th February, 2024.

The Heads of the Departments of the concerned subjects are required to submit names, addresses, Email IDs, contact numbers of Internal and External Examiners by **Email** controller.ssuhs@gmail.com or dy.coe@gmail.com on or before 17th January, 2024 positively. 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 also requested to submit fund requirement with detailed breakup of provisional expenditure for practical examination on or before 17th January, 2024 for smooth conduction of the Examination.

Yours faithfully,

Deputy Controller of Examinations
Srimanta Sankaradeva University of Health
Sciences