



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A State University of the Govt. of Assam)

Narakasur Hilltop, Bhangagarh, Guwahati, Assam

Phone: 06026177313 (O) E-mail: ssuhs_assam@yahoo.in Website: www.ssuhs.in

No. SSUHS/201/2010/Pt.IV/6234

Dated: 22-10-2024

NOTIFICATION

This is for information to those Ph.D. scholars of SSUHS, that the course work examination is going to be held tentatively on **30th November, 2024** for those Ph.D. scholars who failed to qualify in the last course work examination held in the month of March, 2024 and those scholars from previous batches who have not appeared in the examination conducted by SSUHS.

Further those examinees who failed to qualify in the last course work examination held in March 2024, will appear in their concerned failed subject where as the rest of the examinees will have to appear in both the subjects (Research Methodology & Subject specific). Last date for submitting the application with supporting documents is **7th November, 2024**. The hard copy of the documents to be submit to the office of the undersigned and soft copy send to the email : academic_ssuhs@yahoo.com

A non-refundable admission/course work fee of Rs.7000/- (Rupees seven thousand) only is required to be paid through the payment gateway available in the University website (www.ssuhs.in). [Fee collect- Payment category- Fees category- Ph.D. fees- Various fees for Ph.D.- Ph.D. course work fees]


Registrar (Academic)

Srimanta Sankaradeva University of Health
Sciences

Dated: 22-10-2024

Memo No. SSUHS/201/2010/Pt.IV/6235-36

Copy to:

1. The P.S. to the Hon'ble Vice Chancellor, Srimanta Sankaradeva University of Health Sciences for kind appraisal of the Hon'ble Vice Chancellor.
2. Notice Board/Website of SSUHS.


Registrar (Academic)

Srimanta Sankaradeva University of Health
Sciences



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES
(A State University of Govt. of Assam)

NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI – 32

Phone No. 9531462050, Email: ssuhs_assam@yahoo.in, Website: www.ssuhs.in

APPLICATION FORM FOR COURSE WORK EXAMINATION FOR PH.D. PROGRAMME

(To be filled in by the CANDIDATE)

<p>AFFIX</p> <p>PHOTO- GRAPH</p> <p>HERE</p>
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- Faculty under which Ph.D. is sought (Allopathic Medicine/Ayurvedic Medicine/Dentistry/Nursing/Homoeopathic Medicine/Pharmacy/Allied Health Sciences):

.....

- Name of Subject(s) appearing (*In Block Letters*):

- 1. *Research Methodology* (Yes/No)

- 2. (Subject Specialization)

1. Name in full (*In Block Letters*):.....

2. Father's/Guardian's name:

3. Address for correspondence with candidate (*In Block Letters*):

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.....

.....

E-mail id..... Phone No (O/R).....(M).....

4. Permanent address (*In Block Letters*):

.....

.....

.....

5. Occupation/present designation & official address, if employed. (*NOC from employer to be attached*):.....

.....

.....

6. Nationality:

7. Source of finance for pursuing Ph.D. Programme (✓ tick correct option):

Self/Others (*Please specify*)

(Contd.)

8. Name of the Master's Degree:
 Year of passing :.....Subject & Department:
 Name of the University/Institution:.....

 Percentage of marks obtained/grade/other:.....
 (*Attested copy of the Certificate / Mark sheet to be attached*)
 9. SSUHS Registration no.:.....
 (*If already registered, attested copy to be attached*)
 10. Whether registered earlier under this University or elsewhere for Ph.D. Programme: Yes/No.
 (✓ tick the correct option)
 If 'Yes', state details of such Registration:.....

DECLARATION

I declare that the information given above are correct to the best of my knowledge and that my Ph.D. registration is liable to be cancelled, if any of the information is found to be incorrect.

I agree to abide by the decision of Srimanta Sankaradeva University of Health Sciences regarding my selection or denial of admission to the Ph.D. Programme.

.....
 Signature of the candidate in full with date

Documents to be submitted at the time of applying for Enrolment in Ph.D. Programme

(✓ tick the correct option)

- A photocopy of the filled in application form along with the original form. (*Yes/No*)
- 2 (Two) attested photocopies of Master's Degree Marksheet/Certificate. (*Yes/No*)
- 2 (Two) attested photocopies of SSUHS Registration Certificate (for those candidates already registered with SSUHS. Others, if selected, shall submit the same within 1 (one) year after provisional registration. (*Yes/No*))
- 3 (Three) photographs (2.5cm X 3.5cm) (*Yes/No*)

Note: The University is to be informed promptly regarding any change in the information above.
