



# SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A state University of Govt. of Assam)

Narakasur Hilltop, Bhangagarh, Guwahati-32, Assam, India

Phone: 06026177313 (O) E-mail: [ssuhs\\_assam@yahoo.in](mailto:ssuhs_assam@yahoo.in) Website: [www.ssuhs.in](http://www.ssuhs.in)

No. SSUHS/201/2010/Pt-IV/7502

Dated: 20-12-2024

## Notification

(Academic No. 33/2024)

This is for information to all concerned that the candidates who have qualified Ph.D. Entrance Examination held on **August, 2024 and viva voce on November, 2024** respectively for the session 2023-24 are directed to submit the filled up enrolment form available in University website [www.ssuhs.in](http://www.ssuhs.in) on or before **7<sup>th</sup> January, 2025**. 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](http://www.ssuhs.in)) [Admission fee for Ph.D. – (Non – refundable).]

Further, this is also to be informed that Course Work will start from **20<sup>th</sup> to 24<sup>th</sup> January, 2024 (first contact session) as per schedule enclosed.**

**The timing of the contact session will be from 11 AM to 4 PM daily which will be held in the Lecture Hall, GMC Library, 5<sup>th</sup> Floor, GMC Building.**

It may be noted that Ph.D. Scholars from previous batches under SSUHS who have not yet completed course work may join the contact session on depositing the requisite course work fees. The course work fee includes course work examination fee.

**[Prof. (Dr.) Rocket Chandra Brahma]**

Registrar (Academic)

Srimanta Sankaradeva University of Health  
Sciences.

Dated: 20-12-2024

Memo No. SSUHS/201/2010/Pt-IV/7503-08

Copy to:

1. The Registrar, Srimanta Sankaradeva University of Health Sciences for information.
2. The Controller of Examinations, Srimanta Sankaradeva University of Health Sciences for information.
3. The Director of Information and Public Relations, Assam with a request to publish the above Notification in The Assam Tribune, an Assamese Daily and a Bengali Daily for wide circulation.
4. The Branch Manager, HDFC Bank, Panbazar, Guwahati-781001.
5. The P.S. to the Hon'ble Vice Chancellor of Srimanta Sankaradeva University of Health Sciences for kind appraisal of the Hon'ble Vice Chancellor.
6. Website/Notice Board.

Registrar (Academic)

Srimanta Sankaradeva University of Health  
Sciences.



**SRIMANTASANKARADEVA UNIVERSITY OF HEALTH SCIENCES**

*(A State University of Govt. of Assam)*

NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI-32

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**APPLICATION FORM FOR Ph.D. ENROLMENT/COURSE WORK**

(To be filled in by the CANDIDATE)

**AFFIX  
PHOTO-  
GRAPH  
HERE**

Faculty under which Ph.D. is sought: .....

Session: .....

Subject (*In Block Letters*).....

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*): .....

.....

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

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6. Nationality: .....

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

Self/ Others (*Please specify*).....

8. Name of the Master's Degree: .....

Year of passing:..... Subject & Department:.....

(Contd.)

Name of the University/Institution last attended:.....  
.....

Percentage of marks obtained/ grade/ other:.....

*(Attested copy of the Certificate/Mark sheet to be attached)*

9. Do you belong to SC/ST/OBC (non creamy layer)/Differently Abled/ Other categories (Please specify)

*(Certificates to be attached):* .....

10. SSUHS Registration No./ (if any).....

*(If already registered, attested copy to be attached)*

11. Course work Fee: Copy of payment receipt submitted..... (Yes/NO)

### **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

*(Contd.)*



*(√ tick the correct option/ Check lists)*

1. A photo copy of the filled in application form along with the original form. *(Yes/No)*
2. 2 (Two) attested photo copies of Master's Degree Mark sheet and Certificate. *(Yes/No)*
3. 2 (Two) attested photo copies 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)*
4. 'No Objection Certificate'(NOC) from employer in original along with a photocopy of the same, in case of employed applicants. *(Yes/No)*
5. 3 (Three) photographs (2.5cm X 3.5cm), are to be submitted along with the application form. Photograph must show the name of the candidate as well as the date of photograph taken on a placard held by the candidate in front of the chest. It should be without cap or goggles. Spectacles are allowed. Candidates not complying with these instructions or with unclear photograph are liable to be rejected. *(Yes/No)*
6. Certificate of qualification in UGC-NET (including JRF)/ UGC-CSIRNET (including JRF)/ SLET/GATE/Teacher Fellowship holder. *(Yes/No)*
7. Certificate of SC/ST/OBC (non creamy layer)/Differently Abled/Other categories. *(Yes/No)*
8. Payment receipt of course work fee. *(Yes/No)*

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

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