



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

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

Phone: 09531462050 (O) E-mail: ssuhs_assam@yahoo.in Website: www.ssuhs.in

No. SSUHS/201/2010/Pt.IV/4898

Dated: 16-07-2025

EDUCATIONAL NOTICE FOR THE Ph.D. COURSE WORK EXAMINATION UNDER
SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES
(Academic No. 11/2025)

This is for information to all Ph.D. scholars who have completed their Ph.D. Course Work under Srimanta Sankaradeva University of Health Sciences (SSUHS), that a Course Work Examination will be held on **30th August, 2025** in the University. The scheme of Examination will be from SSUHS course work syllabus and masters level of the specific subject.

The Ph.D. Scholars intending to appear Ph.D. Course Work Examination, 2025 shall have to filled up application form and submit the hard copies with relevant documents to the undersigned and also send the soft copies of application form to the email **academic_ssuhs@yahoo.com**.

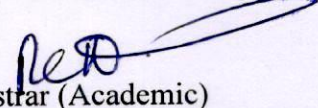
It may be noted that the Ph.D. Scholars from the previous batches who have not cleared their course work examination, may appear in the examination and submit their details along with examination fees of **Rs. 7000** /- (Rupees seven thousand) to be paid in online mode through the payment link available in the **Fee Collect Tab (PhD Course Work Fees)** of University website www.ssuhs.in. Further, those who have already deposited the requisite fees for the course work 2025, need not to pay the same again.

Last date of submission of application form is **31st July, 2025 upto 4 PM.**

Admit cards for the Examination shall have to be collected from the University from **26th to 29th August, 2025, 11.00 A.M. to 04.00 P.M.**

The time-table for the Examination is as follows:

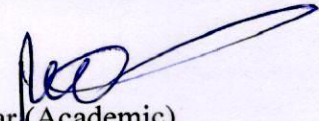
Date	Paper	Time	Marks	Pass Percentage (%)
30/8/2025	Paper-I (Research Methodology) & Paper-II (Subject specific of the Research)	12:00 PM to 3:00 P.M.	Total = 100 (Each paper 50 marks)	55


Registrar (Academic)
Srimanta Sankaradeva University of Health
Sciences
Dated: 16-07-2025

Memo No. SSUHS/201/2010/Pt.IV/4899-4905

Copy to:

1. The Director of Medical Education, Assam. Sixmile, Khanapara, Ghy-22 for information.
2. The Registrar, Srimanta Sankaradeva University of Health Sciences for information.
3. The Controller of Examination, Srimanta Sankaradeva University of Health Sciences for information.
4. The Deputy Controller of Examination, Srimanta Sankaradeva University of Health Sciences for information.
5. The Branch Manager, HDFC Bank, Panbazar, Guwahati-781001.
6. 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.
7. SSUHS website/Notice Board.


Registrar (Academic)
Srimanta Sankaradeva University of Health
Sciences



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(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)

AFFIX

**PHOTO-
GRAPH**

HERE

- 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*):

.....

.....

.....

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.
