



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/ **8928**

Dated: **11-12-2025**

NOTIFICATION

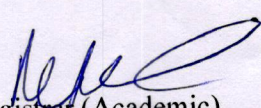
(ACADEMIC NO. 25/2025)

This is for information to all that the Ph.D. Scholars (batch 2024) under Srimanta Sankaradeva University of Health Sciences (SSUHS) who have qualified Ph.D. Course Examination conducted by SSUHS on **30th August, 2025** are hereby directed to send the name of their supervisor/co-supervisor (preferably from the same faculty/speciality) duly forwarded by the concerned supervisor alongwith No Objection Certificate (NOC) **on or before 24th December, 2025** at the email ID ssuhsphd@gmail.com.

The Supervisors are requested to form the Departmental Research Committee (DRC) of the Ph.D. scholar where the research work will be carried out and send it to SSUHS for approval. The DRC for the Ph.D. scholar has to be formed as per the Rules for the Award of the Degree of Doctor of Philosophy (Ph.D.), 2020 (amended upto 10th July, 2024) which is available in the university website.

Further, the scholars are also requested to submit Registration Form & Eligibility Form (**enclosed herewith**) along with the original copy of Migration Certificate to obtain University Registration Certificate. The University registration fee is to be paid online through the payment gateway (Fee Collect) available in the University website www.ssuhs.in. The original copy of E-receipt is to be submitted along with the form.

The University Registration fee is Rs. 15,050/- (Rupees Fifteen Thousand Fifty only) for the students migrating from University/Board/Council etc. within the State of Assam & Rs. 20,050/- (Rupees Twenty Thousand Fifty only) for the students migrating from University/Board/Council etc. outside the State of Assam. Those candidates who are already registered under SSUHS have to pay Rs. 2050/- (Two Thousand Fifty only) for change of college name, if required. However, a copy of original Registration Certificate is to be attached with the application form.


Registrar (Academic)

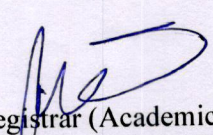
Srimanta Sankaradeva University of
Health Sciences

Memo No. SSUHS/201/2010/Pt-IV/ **8929-33**

Dated: **11-12-2025**

Copy to:

1. The Registrar, Srimanta Sankaradeva University of Health Sciences for information.
2. The FAO/Cashier, SSUHS for information.
3. 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.
4. The Registration Branch, SSUHS for information.
5. University Website.


Registrar (Academic)

Srimanta Sankaradeva University of
Health Sciences



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APPLICATION FORM FOR UNIVERSITY REGISTRATION CERTIFICATE OF PH.D. SCHOLARS

1. Name of the Student (in block letters) :
2. Father's name in full (in block letters) :
3. Mother's name in full (in block letters):
4. Date of Birth :Nationality.....
5. Sex :Mobile No.....
6. Home Address in full (with pin code) :
.....
.....E-mail id.....
7. Are you already registered under SSUHS: Yes ☐ No ☐ If Yes, then Registration No.
8. Details of Examinations passed :

Examination Passed	Name of University/ Board/ Council	Year of Passing	Exam. Roll No.	Division/ Class	Name of School/ College
H.S.L.C					
H.S.S.L.C./Equivalent Examination					
MBBS/BDS/BAMS/ BHMS/ B.Sc. Nursing/ Others (Specify)					
MD/MS/MDS/MD (Ayur)/ M.Sc. Nursing/ Others (Specify)					
Any Other (Specify)					

9. Provisional Registration No
10. Date of Provisional RegistrationAcademic Session
11. University/Board/Institution last attended
12.Particulars of Fees paid:

University Registration Fees (Rs.)	Bank Draft/Banker's Cheque No.	Remarks

*I declare that the particulars stated above are true to the best of my knowledge and belief.
If found otherwise, I shall be liable to disciplinary action.*

Date:

Full Signature of the Applicant

RECOMMENDATION OF THE RESEARCH SUPERVISOR

The name and other particulars of the applicant including the certificates have been checked, verified and found correct. The applicant may be registered as a student under Srimanta Sankaradeva University of Health Sciences and the Registration Certificate may be issued. It is certified that the candidate is eligible for admission to the Ph.D. Programme as per relevant Regulations of the University.

Memo No.
Date

*Signature of the Guide/Supervisor
With Office Seal*

FOR OFFICE USE ONLY

Registration may/may not be allowed.

Particulars verified and found correct.

Dealing Assistant

Registrar/Registrar (Academic)

(Instructions overleaf)

INSTRUCTIONS FOR FILLING IN APPLICATION FORM FOR REGISTRATION
CERTIFICATE OF Ph.D. SCHOLARS

1. No Application shall be accepted unless the Registration Fee is paid.
2. Student migrating from other University/Board/Council should submit Migration Certificate (in Original) from the University/Board/Council concerned and last attended.
3. Students who are already registered under SSUHS should submit original registration certificate of SSUHS.
4. Registration shall be allowed only on receipt of Eligibility report for registration of students migrating from other University/Board/Council.
5. The application form must accompany copies of certificates of all examinations passed and filled in application form for Eligibility and form for Registration along with required fees.
6. This form should be forwarded by the Supervisor (Guide) after carefully verifying the name and other particulars furnished by the student. The name furnished here should exactly tally with the Name and Surname mentioned in the H.S.L.C. or equivalent examination certificate (copy of certificate issued by the University/Board/Council to be enclosed).
7. The applicant shall have to pay a Registration Fee specified by the University only through the State Bank of India (SBI) payment gateway available in the University Website www.ssuhs.in.
8. The candidate must submit 2 (two) identical copies of Passport Sized Coloured Digital or Coloured Standard Photographs along with the form. The photograph must show the name of candidate as well as the date of photograph taken on a placard held by the candidate in front of the chest.
9. In case any correction is needed, appeal should be lodged within 6 (six) months from the date of receipt of the University Registration Certificate.



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APPLICATION FORM FOR ELIGIBILITY FOR REGISTRATION OF Ph.D. SCHOLAR MIGRATING FROM OTHER UNIVERSITY/BOARD/COUNCIL

1. Name of the Student (**in block letters**) :
2. Father's name in full (**in block letters**) :
3. Mother's name in full (**in block letters**):
4. Date of Birth :Nationality.....
5. Sex :
6. Home Address in full with pin code, e-mail id and phone no:.....
-
-

7. Details of Examinations passed :

Examination Passed	Name of University/ Board/ Council	Year of Passing	Exam. Roll No.	Division/ Class	Name of School/College
H.S.L.C					
H.S.S.L.C./Equivalent Examination					
MBBS/BDS/BAMS/ BHMS/ B.Sc. Nursing/ Others (Specify)					
MD/MS/MDS/MD (Ayur)/ M.Sc. Nursing/ Others (Specify)					
Any Other (Specify)					

8. Name of the University/Board/Council from which migrating :
9. Cause of migration to this University :
10. Particulars of course in which admitted :

Course	Provisional Registration No.	Academic Session	Name & Designation of Supervisor (Guide)	Remarks
Ph.D.				

DECLARATION BY THE SCHOLAR

*I declare that the particulars stated above are true to the best of my knowledge and belief.
If found otherwise, I shall be liable to disciplinary action.*

Date:

Full Signature of the Applicant

RECOMMENDATION OF THE SUPERVISOR (GUIDE)

Dr./Mr./Mrs/Ms.....migrating from.....

..... University/Board/Council has satisfied all the requirements for admission to the Ph.D. Programme as per Regulations in the academic session

He/She may be eligible for Registration for the purpose of enrolment as a student of Srimanta Sankaradeva University of Health Sciences.

Memo No.

Date

**Signature of the Supervisor (Guide)
With Office Seal**

Particulars verified and found correct.

Eligibility for Registration may/may not be allowed.

Dealing Assistant

Registrar/Registrar (Academic)

(Instructions overleaf)

INSTRUCTIONS FOR FILLING IN ELIGIBILITY FORM FOR REGISTRATION OF
Ph.D.SCHOLARS

Copies to be enclosed:

1. Migration Certificate (in Original). (The candidate should keep a Photocopy of MigrationCertificate for Personal record).
2. Photocopy of Mark Sheet of the last Examination.
