



**SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES**

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**Application Form for Registration of Dissertation for DM/M.Ch. Degree in.....**

1. Full Name (In Block Letters) : .....
2. Father's Name : .....
3. Mother's Name : .....
4. Present Occupation and Address : .....
5. Permanent Address : .....
6. Year of Passing MBBS Exam : .....
7. University from which MBBS passed : .....
8. Date of Completion of PRCA : .....
9. Year of Passing the MD/MS Exam : .....
10. University from which MD/MS passed : .....
11. Date of Joining DM/M.Ch. Course : .....
12. Medical Council of India / State Medical Council (specify): .....Registration No.:.....
13. Title of Dissertation work (In Block letters) : .....
- .....
- .....
14. Name & Designation of the Supervisor/  
Guide/Co-Guide : .....
15. Date of Commencement of research work : .....
- (In case work has already been taken up)
16. Details of payment of requisite fees:

Amount of Fees Paid (Rs.)	Online Receipt No. (Please enclose copy of E-Receipt)	Date of Payment

**Important:** The requisite fee is to be paid through online payment gateway available in SSUHS website (**Fee Collect**). A copy of E-Receipt is to be submitted along with the Application Form.

Signature of the Candidate

I/We certify that Dr .....is scheduled to do research for his/her Dissertation work under my/our guidance in the subject stated in the application.

I/We recommend registration of his/her name for the DM/M.Ch. Degree in .....

Countersigned

Signature with Designation of Supervisor/Guide

Principal/Director/Head  
of the Institute

Signature with Designation of Co-Guide

Signature of the Head of the Department

**FOR OFFICE USE ONLY**

Date of full Registration: .....

Particulars verified and found correct

Registration may/may not be allowed

Dealing Asst.

Registrar (Academic)  
SSUHS