



Form No. : OUHS.AC.003

ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

Application Form for _____ Semester / Year (Regular / Back) / Attempt /
Detained / Supplementary University Examinations: 20____ 20____

Instructions : Application shall be submitted to the Principal / Director of the respective College / Institution.

- 1) Fees is as per Academic Regulations of the University
- 2) Registration fee (including late fee if any) for University Examination (s) is to be deposited by the eligible candidate at the respective College / Institution, and the College / Institution will deposit the consolidated amount at the University within the prescribed date.
- 3) Fees received by the College / Institution and deposited at University against a candidate shall not confer any right to a candidate whatsoever; if s/he is not eligible for appearing the Examination as per Regulations prescribed by the University and in force.

College Code: _____

A.	Name of the Student (in Capitals)
B.	University Regn. Number :
C.	Name of the College :
D.	Faculty: Medicine / Dental / Homoeopathy / Ayurveda / Nursing / Pharmacy / Allied Health Sciences (Tick Mark)
E.	Programme / Course (Please specify)
F.	Branch (Broad / Super Specialty / Specialization; if any)
G.	University Notification No & date for Registration to Examination :

Sl	Subject Code	Subject Title	Th. / Prac.	Mark	Amount
Amount Payable					

H. Mode of Payment at College / Institution :

(i) MR No _____ Date _____ Rs.

Date :

Full Signature of Student

FOR OFFICE USE

Certified that the candidate is eligible to register as per the regulation in force for appearing the above-mentioned theory and / Practical Subject (s).

Verified all particulars and found correct

Recommended and forwarded his / her fees.

Verifying Officer

Date :

Signature of Principal / Director
Seal