



ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

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File No-OUHS-CRCLM-ACD-0004-2024/ 1863

Date- 10.03.2025

To

The Dean/ Principal/ Director
All affiliated Colleges under OUHS

Sub: Instruction regarding Student Registration process for academic session 2024-25.
Ref: OUHS Letter No. 12722 dated 20.12.2024

Sir/Madam,

With reference to the letter OUHS-CRCLM-ACD-0004-2024/12722 dated 20.12.2024, on the subject cited above, Please ensure submission of the student Registration form in the prescribed format available in the OUHS website along with deposit of required fee online early for timely completion of the registration process.

Besides, you are requested to provide the soft copy of the details of the students in an Excel Sheet via e-mail to dir.cur@ouhs.ac.in with required document and information in the following format.

Sl. No.	Student Name	DOB	Fathers Name	Mothers Name	Aadhar No.	Mobile No.

Required Documents duly signed by the applicant:-

1. Application Form with photo
2. Aadhar Card
3. Money receipt (Online Deposit only)
4. Educational qualifications certificate and Marksheet

Yours faithfully,

Y. Z. Mohanty
Director, Curriculum
OUHS, Bhubaneswar

Memo No. 1863 /2025

Dated: 10.03.2025

Copy submitted to OSD to Vice Chancellor for kind information of the Vice Chancellor.

Y. Z. Mohanty
Director, Curriculum
OUHS, Bhubaneswar



OUHS-CRCLM-ACD-0004-2024/01/2025