



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A State University of Govt. of Assam)

NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI-781032, ASSAM
Phone: 0626177313 (O) E-mail: ssuhs_assam@yahoo.in Website: www.ssuhs.in

No. SSUHS/205/2011/Pt.II/Ex/11456

Dated: 17/11/2023

From : The Deputy Controller of Examinations,
Srimanta Sankaradeva University of Health Sciences, Assam.

To : The Principal,
Govt. Ayurvedic College,
Jalukbari, Guwahati-781014.

Sub. : **B.A.M.S. 4th Professional (Ayurvedacharyya) (Supplementary) Examination,
November, 2023.**

Sir,

I am directed to inform you that the **B.A.M.S. 4th Professional (Ayurvedacharyya) (Supplementary) Examinations, November, 2023** shall commence from **28th November, 2023**.

The last date of submission of application forms for candidates appearing in the examination is **20-11-2023** and **with delay fine is 21-11-2023**. You are therefore requested to collect application forms from the eligible candidates. The eligible candidates are required to pay the requisite **Examination Fee in online mode through the payment gateway** available in the University **website: www.ssuhs.in**. The candidates are also required to enclose the e-receipt challan along with the Form. However, screenshot printout of the e-receipt will not be accepted.

Fees details:

Examination	Exam Fee	Delay Fine
BAMS (Supplementary) Examination.	4000/-	3000/-

Further, you have been appointed as the Centre-in-charge for the examination and are requested to make necessary arrangements for smooth conduct of the examination. If any of your near relatives are appearing in this examination, the fact should be immediately reported in writing to the undersigned.

Enclosure: Date sheet of the Examination.

Yours faithfully,

Deputy Controller of Examinations
Srimanta Sankaradeva University of Health
Sciences

Memo No. SSUHS/205/2011/Pt.II/Ex/11456-A

Dated:

Copy to.

1. The Controller of Examinations, Srimanta Sankaradeva University of Health Sciences.
2. The F.A.O, Srimanta Sankaradeva University of Health Sciences for information & necessary action.
3. Website/Notice Board, SSUHS

Deputy Controller of Examinations
Srimanta Sankaradeva University of Health
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Dated: 17/11/2023

DATE SHEET OF B.A.M.S. 4th PROFESSIONAL (AYURVEDACHARYYA) (SUPPLEMENTARY) EXAMINATION, NOVEMBER, 2023


THEORY EXAMINATION

Date	Day	TIME: 11 A.M. To 2 P.M.
28-11-2023	TUESDAY	KAYACHIKITSA (PAPER – I)
30-11-2023	THURSDAY	KAYACHIKITSA (PAPER – II)
01-11-2023	FRIDAY	PANCHAKARMA
04-11-2023	MONDAY	SHALAKYA TANTRA (PAPER – I)
06-11-2023	WEDNESDAY	SHALAKYA TANTRA (PAPER – II)
07-11-2023	THURSDAY	RESEARCH METHODOLOGY & MEDICAL STATISTICS
09-11-2023	SATURDAY	SHALYA TANTRA (PAPER – I)
11-11-2023	MONDAY	SHALYA TANTRA (PAPER – II)

PRACTICAL EXAMINATION

Time: 9A.M. onwards

Date	Day	PRACTICAL
13-12-2023	WEDNESDAY	SHALAKYA TANTRA
14-12-2023	THURSDAY	KAYACHIKITSA
15-12-2023	FRIDAY	PANCHAKARMA
16-12-2023	SATURDAY	SHALYA TANTRA


Deputy Controller of Examinations
Srimanta Sankaradeva University of Health Sciences
Guwahati



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Dated:17/11/2023

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Srimanta Sankaradeva University of Health Sciences, Assam.

To : The Principal,
Govt. Ayurvedic College,
Jalukbari, Guwahati-781014.

Sub. : **Recommendation of External Examiners and Internal Examiners for B.A.M.S. 4th Professional (Ayurvedacharyya) (Supplementary) Examination, November, 2023.**

Sir/Madam,

With reference to the subject cited above I hereby request you to forward names of Internal Examiners and External Examiners for the ensuing the Practical Examination **B.A.M.S. 4th Professional (Ayurvedacharyya) (Supplementary) Examination, November, 2023** scheduled to be held from **28th November, 2023**.

The Heads of the Departments of the concerned subjects are required to submit names, address, Email IDs, contact numbers of Internal and External Examiners by Email to controller.ssuhs@gmail.com and dycoe.ssuhs@gmail.com on or before **21-11-2023**. You are therefore requested to ask the Heads of the Departments to act accordingly and to take special care to maintain secrecy while preparing the list of Examiners.

Prescribed Format:

Subject	Name of External Examiner	Official Address of External Examiner including Email Id & Phone No.	Name of Internal Examiner	Official Address of Internal Examiner including Email Id & Phone No.	Date of Examination

You are also requested to submit fund requirement with detailed breakup of provisional expenditure for smooth conduct of the Examination on or before **21-11-2023**.

Yours faithfully,

Deputy Controller of Examinations
Srimanta Sankaradeva University of Health Sciences
Guwahati