To the same	SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES, GUWAHATI : ASSAM APPLICATION FORM OF ENTRANCE EXAMINATION FOR ADMISSION INTO MPT/MMLT/M.OPTOM COURSES, SESSION : 2																									
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9. Name of College from where passed qualifying Examination : (Enclose photocopy of Pass certificate)																										
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I declare that the particulars furnished by me above are true to the best of my knowledge and belief. I undertake to abide by the rules for admission and to surrender the seat if allotted to me at any point of time of the course in case any of the above particulars are proved to be false.																										
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