



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD-36, Sector-I, Salt Lake, Kolkata 700 064

Website: www.wbuhs.ac.in; Phone: (EPBX) 2321-3461/ 2334-6602

FORM TO SEEK PERMISSION FROM THE UNIVERSITY TO CONTINUE COURSE OR RESUME CLASSES AFTER A PERIOD OF GAP FOR UG / PG COURSES

To be filled up by the Student

Paste a passport size recent colour photograph here duly attested by the Head of the Institution/ College

1. Name of the student:

2. Date of Birth : *

3. Father's/ Guardian's Name:

4. Address for Communication :

5. Student's contact no.:

E-mail ID:

6. University Registration number: *

Session/year:

7. Name of the Course:

8. Name of the Institution presently admitted:

9. Address of the Institution:

10. Institutional Code [issued by the WBUHS]:

11. Contact Number of the Institution:

Institutional e-mail ID:

12. Name of the Regulatory OR Non- regulatory Council / Board:

13. Period of absence [affidavit of 1st class magistrate needs to be submitted]: *

14. Reason for absence [affidavit of 1st class magistrate needs to be submitted]: *

15. Physical/mental fitness certificate (if required): *

Declaration by the student:

- a. During this gap I was not admitted in any other Institution in any course [affidavit of 1st class judicial magistrate needs to be submitted].
- b. During this gap I was not engaged in any Civil (related to academics)/Criminal/any other cases [affidavit of 1st class judicial magistrate needs to be submitted].
- c. I solemnly declare that all the statements made in this form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found suppressed / false or incorrect if detected, my University registration will stand cancelled.

.....
Full Signature of the Student with date

**** Self-attested photocopies of the documents should be attached***

To be filled up by the College

It is hereby declare that:

- a. the seat vacated by the discontinuing candidate **is not filled up by the college** till date.
- b. the last day the student attended his/her class, as per college record is
.....
- c. the student has cleared all the dues, if any (please tick): YES ☐ / NO ☐

.....
Full Signature of Dean of Students' Affairs/
Academic-in-Charge with date & seal

.....
Full Signature of Institutional Head with date & seal

Note: The Institutional Heads will forward this application from their end to the University with proper memo/reference number.

GENERAL TERMS & CONDITIONS:

1. The students need to fill up their portion & the respective Head of the Institution will fill up their portion in the form.
2. The form will be sent to the University by the College. Sending forms by hands of students will not be entertained.
3. The following documents need to be attached by the student with the form which will be checked & authenticated by the concerned college before forwarding it to the University:
 - Copy of University Registration certificate.
 - Original Affidavit of 1st Class Judicial Magistrate with name of the student, address, father's/guardian's name, course name, college name, registration no., year when admitted, period of absence etc. A valid reason for absence should be mentioned (attach medical certificates/fit certificate, if applicable). The affidavit should contain the portion "***Declaration by the student***" given in the form (Page-2) i.e. the same declaration is needed in the affidavit.
 - Copy of Mark sheet of last passing University Examination (if applicable).