



# ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

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F.No. OUHS / Exam/1146/ 2024 / 10224

Date: 23.10.2024

## NOTICE

### STUDENT REGISTRATION IN FIRST SEMESTER IN

### BPT/BOT/BMCT/BMRT/BOTT/BO/BAT/BEMT/BASLP/MSc (Audiometry) Regular Allied & Paramedical Courses 2023-24

It is for the information of all the Principal of colleges offering BPT/BOT/BMCT/BMRT/BOTT/BO/BAT/BEMT/BASLP/MSc (Audiometry) Courses under OUHS, Bhubaneswar during the Academic Session 2023-24 that the Registration of the eligible students of the following Courses to be made to appear in the 1<sup>st</sup> Semester Regular Examination 2023-24.

Sl. No.	Courses	Fees	Last Date of Registration (without fine)	Last Date of Registration (with fine of) Rs. 500/-	Date of Submission of form in the University with Fees & Fines if any	Special Instruction
1	Bachelor of Physiotherapy (BPT)	1000	28/10/2024	02/11/2024	04/11/2024	
2	Bachelor In Occupational Therapy (BOT)	1000	28/10/2024	02/11/2024	04/11/2024	
3	BSc in Medical Laboratory Tech(BMLT)	1000	28/10/2024	02/11/2024	04/11/2024	
4	BSc in Medical Radiation Tech (BMRT)	1000	28/10/2024	02/11/2024	04/11/2024	
5	BSc in operation Theatre Tech (BOTT)	1000	28/10/2024	02/11/2024	04/11/2024	
6	BSc Optometry (BO)	1000	28/10/2024	02/11/2024	04/11/2024	
7	BSc in Anaesthesia Tech (BAT)	1000	28/10/2024	02/11/2024	04/11/2024	
8	BSc in Emergency Medicine Tech (BEMT)	1000	28/10/2024	02/11/2024	04/11/2024	
9	Bachelor in Audiometry & Speech Language	1000	28/10/2024	02/11/2024	04/11/2024	
10	MSc in Audiology	1000	28/10/2024	02/11/2024	04/11/2024	

Further the Principals of concerned Colleges are requested to register the eligible students of the course(s) to appear in the 1<sup>st</sup> semester (Regular) Examination 2023-24 within the dates & fees as above.

In addition, all Principal of the colleges offering the above courses are requested to duly fill in the prescribed Application Form(s) [Form No. OUHS AC 003] by the eligible students within the prescribed date, to submit the filled in forms/ Statements along with "Statement of students (Registered & Not registered)". They are also requested to deposit the University Fees through **SB Collect** after deducting 15% at college towards Centre Charges on or before 04/11/2024.

Besides, all verifying officer to verify the application forms minutely as per rules of the University/Government and put his/her signature, seal and date on the bottom of each form as specified. Both the principal and verifying officer will be held responsible for any irregularities made therein and also be liable for any lapses if found later on.

No extension of date and lateral permission to students for registration to 1<sup>st</sup> Semester (Regular) Examination 2023-24 shall be entertained.

Encl: (i) Form No. OUHS Act 003 (Annexure- I)

(ii) Statement of Students (Registered & Not registered) (Annexure -II)

  
CONTROLLER OF EXAMINATION

Memo No 10245

Dated 23.10.2024

Copy forwarded to the Principal of all colleges offering the aforesaid courses under OUHS (Annexure III list attached) for information and necessary action.

  
Controller of Examinations

Memo No 10246

Dated 23.10.2024

Copy forwarded to OSD to VC for kind information of Hon'ble VC.

  
Controller of Examinations

Memo No 10247

Dated 23.10.2024

Copy forwarded to Registrar/COF for kind information.

**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
2. Registration fee (including late fee if any) for University Examination (s) is to be deposited by the eligible candidate at the respective 2 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 & data for Registration to Examination:

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

h. Mode of Payment at College/Institution:

(1) 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

Signature of Principal/Director with Seal

Date:



1. Code: \_\_\_\_\_
2. College \_\_\_\_\_
3. Address \_\_\_\_\_
4. Course (s): \_\_\_\_\_
5. Examination: \_\_\_\_\_
6. Name of Principal \_\_\_\_\_
7. Mobile no of Principal (WhatsApp): \_\_\_\_\_
8. Mobile no of Sr Member Teacher \_\_\_\_\_
9. Registration Statistics \_\_\_\_\_

Sl.	No of total Student [s]	No of eligible Students registered for the Examination without fine	No of eligible Students registered for the Examination with fine	Total fees collected from the students towards examination fee with fine if any	Total fees payable to the University after deduction of 15% of the Examination fee	Bank Demand Draft No. Date and Amount
1.						

10. Not Registered List for the Examination \_\_\_\_\_ :2023-24.

[illegible]

Note: Use additional sheet if required.

Date:

PRINCIPAL  
(Seal)