PT. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK

FORM FOR PHOTOCOPY OF ANSWER BOOKS

FEES: RS.600/- Per Answer Books

Demand Draft No. & Date		Amount:
1.	Name	·
2.	Father's Name	:
3.	Roll No.	:
4.	Class/Semester	•
5.	Registration No.	•
6.	Subject(s)	·
7.	Correspondence Address & Ph. No.	•
8.	Email ID mandatory	: Caps Lock :
		: Small Lock :
9.	Date of Declaration of Result	:
10.	Specimen Handwriting of the candidate	:
	(please write 2-3 lines)	
11.	No. of Answer Books	:
DAT	TE:	SIGNATURE OF THE CANDIDAT