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

## FORM FOR RE-CHECKING OF ANSWER BOOKS

## FEES: RS.500/- Per Answer Books

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