

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

FORM FOR CONFIDENTIAL RESULT

Demand Draft No. & Date _____ Amount: _____

1. Name : _____

2. Father's Name : _____

3. Roll No. : _____

4. Class/Semester : _____

5. Registration No. : _____

6. Correspondence
Address & Ph. No. : _____

7. Mention the address where : _____
Confidential result is to be submitted

8. Specimen Handwriting : _____
of the candidate
(please write 2-3 lines) _____

DATE : _____

SIGNATURE OF THE CANDIDATE