

PT. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK
FORM FOR THESIS COMPLETION CERTIFICATE / GRADING CERTIFICATE

Demand Draft No. & Date _____ Amount: _____

1. Title of the thesis : _____

2. Name : _____

3. Father's Name : _____

4. Roll No. : _____

5. Class/Semester : _____

6. Registration No. : _____

7. Correspondence
Address & Ph. No. : _____

8. Date of Declaration of Result : _____

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

DATE : _____

SIGNATURE OF THE CANDIDATE