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) _____

***NOTE: Attach copy of the result.**

DATE:_____ Signature of the candidate