

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

FORM FOR CORRECTION OF DMC / DEGREE

Demand Draft No. & Date _____ Amount: _____

1. Name : _____

2. Father's Name : _____

3. Roll No. : _____

4. Class/Semester : _____

5. Registration No. : _____

6. Correction Required : _____

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